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**APPENDIX A**

**LEGISLATION FOR THE EIGHTH AND NINTH SCOPE OF WORK QUALITY**

**IMPROVEMENT ORGANIZATION PROGRAM EVALUATION**



## **Relevant Legislation from the Social Security Act**

**Section 1154(a)(8).** The organization shall perform such duties and functions and assume such responsibilities and comply with such other requirements as may be required by this part or under regulations of the Secretary promulgated to carry out the provisions of this part or as may be required to carry out section 1862(a)(15).

**Section 1154(a)(10).** The organization shall coordinate activities, including information exchanges, which are consistent with economical and efficient operation of programs among appropriate public and private agencies or organizations including—

- (A) agencies under contract pursuant to sections 1816 and 1842 of this Act;
- (B) other peer review organizations having contracts under this part; and
- (C) other public or private review organizations as may be appropriate.

**Section 1156(a).** It shall be the obligation of any health care practitioner and any other person (including a hospital or other health care facility, organization, or agency) who provides health care services for which payment may be made (in whole or in part) under this Act, to assure, to the extent of his authority that services or items ordered or provided by such practitioner or person to beneficiaries and recipients under this Act—

- (1) will be provided economically and only when, and to the extent, medically necessary;
- (2) will be of a quality which meets professionally recognized standards of health care; and
- (3) will be supported by evidence of medical necessity and quality in such form and fashion and at such time as may reasonably be required by a reviewing peer review organization in the exercise of its duties and responsibilities.

**Section 1156(c).** It shall be the duty of each utilization and quality control peer review organization to use such authority or influence it may possess as a professional organization, and to enlist the support of any other professional or governmental organization having influence or authority over health care practitioners and any other person (including a hospital or other health care facility, organization, or agency) providing health care services in the area served by such review organization, in assuring that each practitioner or person (referred to in subsection (a)) providing health care services in such area shall comply with all obligations imposed on him under subsection (a).

**Section 1862(g).** The Secretary shall, in making the determinations under paragraphs (1) and (9) of subsection (a), and for the purposes of promoting the effective, efficient, and economical delivery of health care services, and of promoting the quality of services of the type for which payment may be made under this title, enter into contracts with utilization and quality control peer review organizations pursuant to part B of title XI of this Act.



**APPENDIX B**

**FEDERAL REGISTER NOTICE**



its oversight review, ORI found that Norma Couvertier, former Research Assistant II, APT Foundation in New Haven, Connecticut, engaged in research misconduct in research supported by National Institute of Drug Abuse (NIDA), National Institutes of Health (NIH), award R37 DA015969.

Specifically, ORI found that Ms. Couvertier engaged in research misconduct by falsifying and fabricating data that were reported on Participant Urine Monitoring and Breathalyzer Result Forms (CRFs) completed by the Respondent for thirty two (32) of the enrolled study participants in the computer Based Training in Cognitive Behavioral Therapy (CBT4CBT) research study. A total of 253 alcohol breathalyzer (BALS) results were recorded for the 32 participants as being 0.000 indicating no alcohol detected, rather than the code 999 used when no breathalyzer test was done.

ORI also found that Ms. Couvertier, on 253 occasions, with 32 different study participants, falsified alcohol breathalyzer test results and knowingly and consistently entered a false negative test (indicated by 0.000) rather than identifying the result as a missing data collection (indicated by code 999).

ORI acknowledges Ms. Couvertier's verbal admissions and willingness to cooperate and assist during the APT Foundation's investigation.

Ms. Couvertier has entered into a Voluntary Settlement Agreement in which she has voluntarily agreed, for a period of three (3) years, beginning on September 18, 2009:

(1) To exclude herself from serving in any advisory capacity to the U.S. Public Health Service (PHS), including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant;

(2) that any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses her in any capacity on PHS-supported research or that submits a report of PHS-funded research in which she is involved must concurrently submit a plan for supervision of her duties to ORI. The supervisory plan must be designed to ensure the integrity of her research contribution. Respondent agreed that she will not participate in any PHS-supported research until such a supervisory plan is approved by ORI.

**FOR FURTHER INFORMATION CONTACT:**

Director, Division of Investigative Oversight, Office of Research Integrity,

1101 Wootton Parkway, Suite 750, Rockville, MD 20852. (240) 453-8800.

**John Dahlberg,**

Director, Division of Investigative Oversight, Office of Research Integrity.

[FR Doc. E9-24392 Filed 10-8-09; 8:45 am]

**BILLING CODE 4150-31-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**[Document Identifier CMS-10142, CMS-R-262, CMS-10300, CMS-10298 and CMS-10294]**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* CY 2011 Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP); *Use:* Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), and implementing regulations at 42 CFR, Medicare Advantage organizations (MAO) and Prescription Drug Plans are required to submit an actuarial pricing "bid" for each plan offered to Medicare beneficiaries for approval CMS.

MAOs and PDPs use the Bid Pricing Tool (BPT) software to develop their actuarial pricing bid. The information provided in the BPT is the basis for the plan's enrollee premiums and CMS payments for each contract year. The

tool collects data such as medical expense development (from claims data and/or manual rating), administrative expenses, profit levels, and projected plan enrollment information. By statute, completed BPTs are due to CMS by the first Monday of June each year.

CMS reviews and analyzes the information provided on the Bid Pricing Tool. Ultimately, CMS decides whether to approve the plan pricing (*i.e.*, payment and premium) proposed by each organization. Refer to the supporting document attachment "C" for a list of changes. *Form Number:* CMS-10142 (OMB#: 0938-0944); *Frequency:* Reporting—Yearly; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 550; *Total Annual Responses:* 6,050; *Total Annual Hours:* 42,350. (For policy questions regarding this collection contact Diane Spitalnic at 410-786-5745. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* CY 2011 Plan Benefit Package (PBP) Software and Formulary Submission *Use:* Under the Medicare Modernization Act (MMA), Medicare Advantage (MA) and Prescription Drug Plan (PDP) organizations are required to submit plan benefit packages for all Medicare beneficiaries residing in their service area. The plan benefit package submission consists of the PBP software, formulary file, and supporting documentation, as necessary. MA and PDP organizations use the PBP software to describe their organization's plan benefit packages, including information on premiums, cost sharing, authorization rules, and supplemental benefits. They also generate a formulary to describe their list of drugs, including information on prior authorization, step therapy, tiering, and quantity limits. Additionally, CMS uses the PBP and formulary data to review and approve the plan benefit packages proposed by each MA and PDP organization.

CMS requires that MA and PDP organizations submit a completed PBP and formulary as part of the annual bidding process. During this process, organizations prepare their proposed plan benefit packages for the upcoming contract year and submit them to CMS for review and approval. Based on operational changes and policy clarifications to the Medicare program and continued input and feedback by the industry, CMS has made the necessary changes to the plan benefit package submission. Refer to the supporting document "Appendix B" for



a list of changes. *Form Number:* CMS–R–262 (OMB#: 0938–0763); *Frequency:* Reporting—Yearly; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 475; *Total Annual Responses:* 4988; *Total Annual Hours:* 12,113. (For policy questions regarding this collection contact Sara Walters at 410–786–3330. For all other issues call 410–786–1326.)

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* State Plan Amendment Templates for Additional State Plan Option for Providing Premium Assistance under Title XIX and XXI; *Use:* Section 301 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111–3, adds Section 2105(c)(10) of the Social Security Act effective April 1, 2009, to offer States a new option to provide premium assistance subsidies to enroll targeted low-income individuals under age 19, and their parents in qualified employer-sponsored coverage. To elect this option, a State Children’s Health Insurance Program agency will complete the template pages and submit it for approval as part of a State plan amendment. *Form Number:* CMS–10300 (OMB#: 0938–New); *Frequency:* Reporting—Once and On occasion; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 255. (For policy questions regarding this collection contact Stacey Green at 410–786–6102. For all other issues call 410–786–1326.)

4. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Data Collection For Developing Outpatient Therapy Payment Alternatives (DOTPA); *Use:* In Section 545 of the Benefits Improvement and Protection Act (BIPA) of 2000, the Congress required the Secretary of the Department of Health and Human Services to report on the development of standardized assessment instruments for outpatient therapy. Currently, CMS does not collect these data. The purposes of this project are to identify, collect, and analyze therapy-related information tied to beneficiary need and the effectiveness of outpatient therapy services that is currently unavailable to CMS. The ultimate goal is to develop payment method alternatives to the current financial cap on Medicare outpatient therapy services. *Form Number:* CMS–10298 (OMB#: 0938–New); *Frequency:* Reporting—Yearly; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of*

*Respondents:* 190; *Total Annual Responses:* 38,632; *Total Annual Hours:* 13,658. (For policy questions regarding this collection contact David Bott at 410–786–0249. For all other issues call 410–786–1326.)

5. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Program Evaluation of the Eighth and Ninth Scope of Work Quality Improvement Organization Program; *Use:* The statutory authority for the Quality Improvement Organization (QIO) Program is found in Part B of Title XI of the Social Security Act, as amended by the Peer Review Improvement Act of 1982. The Social Security Act established the Utilization and Quality Control Peer Review Organization Program, now known as the QIO Program. The statutory mission of the QIO Program, as set forth in Title XVIII—Health Insurance for the Aged and Disabled, Section 1862(g) of the Social Security Act—is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. The quality strategies of the Medicare QIO Program are carried out by specific QIO contractors working with health care providers in their state, territory, or the District of Columbia. The QIO contract contains a number of quality improvement initiatives that are authorized by various provisions in the Act. As a general matter, Section 1862(g) of the Act mandates that the secretary enter into contracts with QIOs for the purpose of determining that Medicare services are reasonable and medically necessary and for the purposes of promoting the effective, efficient, and economical delivery of health care services and of promoting the quality of the type of services for which payment may be made under Medicare. CMS interprets the term “promoting the quality of services” to involve more than QIOs reviewing care on a case-by-case basis, but to include a broad range of proactive initiatives that will promote higher quality. CMS has, for example, included in the SOW tasks in which the QIO will provide technical assistance to Medicare-participating providers and practitioners in order to help them improve the quality of the care they furnish to Medicare beneficiaries. Additional authority for these activities appears in Section 1154(a)(8) of the Act, which requires that QIOs perform such duties and functions, assume such responsibilities, and comply with such other requirements as may be required by the Medicare statute. CMS regards survey activities as appropriate if they will directly benefit Medicare

beneficiaries. In addition, Section 1154(a)(10) of the Act specifically requires that the QIOs “coordinate activities, including information exchanges, which are consistent with economical and efficient operation of programs among appropriate public and private agencies or organizations, including other public or private review organizations as may be appropriate.” CMS regards this as specific authority for QIOs to coordinate and operate a broad range of collaborative and community activities among private and public entities, as long as the predicted outcome will directly benefit the Medicare program.

The purpose of the study is to design and conduct an analysis evaluating the impact on national and regional health care processes and outcomes of the Ninth Scope of Work QIO Program. The QIO Program is national in scope and scale and affects the quality of healthcare of 43 million elderly and disabled Americans. CMS will conduct an impact and process analysis using data from multiple sources: (1) Primary data collected via in-depth interviews, focus groups, and surveys of QIOs, health care providers, and other stakeholders; (2) secondary data reported by QIOs through CMS systems; and (3) CMS administrative data. The findings will be presented in a final report as well as in other documents and reports suitable for publication in peer-review journals. This request relates to the following data collections: (1) Survey of QIO directors and theme leaders; (2) Survey of hospital QI directors and nursing home administrators; (3) focus groups with Medicare beneficiaries; and (4) in-person and telephone discussions with QIO staff, partner organizations, health care providers, and community health leaders. *Form Number:* CMS–10294 (OMB# 0938–New); *Frequency:* Occasionally; *Affected Public:* Business or other for-profits, and Medicare beneficiaries; *Number of Respondents:* 3,343; *Total Annual Responses:* 3,343; *Total Annual Hours:* 1,707. (For policy questions regarding this collection contact Robert Kambic at 410–786–1515. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS’ Web Site at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the

Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *December 8, 2009*:

1. *Electronically*. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail*. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: October 1, 2009.

**Michelle Shortt**,

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. E9-24236 Filed 10-8-09; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier CMS-10287]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or

other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicare Quality of Care Complaint Form; *Use:* In accordance with section 1154(a)(14) of the Social Security Act, Quality Improvement Organizations (QIOs) are required to conduct appropriate reviews of all written complaints submitted by beneficiaries concerning the quality of care received. The Medicare Quality of Care Complaint Form will be used by Medicare beneficiaries to submit quality of care complaints. This form will establish a standard form for all beneficiaries to utilize and ensure pertinent information is obtained by QIOs to effectively process these complaints. *Form Number:* CMS-10287 (OMB#: 0938-New); *Frequency:* Reporting—On occasion; *Affected Public:* Individuals or Households; *Number of Respondents:* 3,500; *Total Annual Responses:* 3,500; *Total Annual Hours:* 583. (For policy questions regarding this collection contact Tom Kessler at 410-786-1991. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on November 9, 2009.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, *E-mail:* [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

Dated: October 1, 2009.

**Michelle Shortt**,

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. E9-24233 Filed 10-8-09; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Medical Expenditure Panel Survey (MEPS) Household Component and the MEPS Medical Provider Component through 2012." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on May 6, 2009 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by November 9, 2009.

**ADDRESSES:** Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's desk officer) or by e-mail at [OIRA\\_submissionomb.eop.gov](mailto:OIRA_submissionomb.eop.gov) (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

"Medical Expenditure Panel Survey (MEPS) Household Component and the MEPS Medical Provider Component Through 2012"

AHRQ seeks to renew the Medical Expenditure Panel Survey Household Component (MEPS-HC) and the MEPS Medical Provider Component (MEPS-MPC) through the year 2012. For over thirty years, the results of the MEPS and its predecessor surveys (the 1977 National Medical Care Expenditure Survey, the 1980 National Medical Care Utilization and Expenditure Survey and



**APPENDIX C**  
**QIO SURVEYS AND LETTERS**



**CMS LETTERHEAD**  
**ADVANCE LETTER – QIO SURVEY FOR THE 9TH SOW QIO PROGRAM**  
**EVALUATION**

[Date], 2010

«QIO Director»  
«Name\_of\_QIO»  
«Mailing\_Address»  
«City», «State» «Zip\_Code»

Dear [Mr./Ms./Dr.] «QIO Director»:

The Centers for Medicare & Medicaid Services (CMS) would very much appreciate your thoughtful input on your QIO's experience with the 9th SOW. In the near future, you will be contacted by Mathematica Policy Research, Inc (Mathematica) to participate in the 9th SOW Evaluation Survey. The survey is being conducted as part of Mathematica's Evaluation of the 8th and 9th SOW Quality Improvement Program, and will include a questionnaire for you (QIO Director Survey) and one for the leader of each theme or Patient Safety sub-theme (QIO Theme Leader Survey).

Mathematica will soon be asking for your help in identify the most appropriate respondents for the two surveys and will request current contact information for each, including name, e-mail address, and telephone number. Once this information is gathered, Mathematica will send personalized emails to each individual inviting him/her to participate in the appropriate survey.

Please be assured that responses to the surveys will remain confidential. Mathematica will report information to CMS in aggregate form only. Your input will be valuable in assisting CMS in continuing to improve the QIO program with each new scope of work. I urge you to participate.

Please note that Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation, thus, your time in providing contact information and your time to participate in the survey is an expense covered under the contract. If you have any questions, please feel free to call me at [phone number]. If you have questions about the survey, please call Martha Kovac, Mathematica's survey director, at 609-275-2331.

Sincerely,

[Signature block]

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 xxx-XXX. The time required to complete this information collection is estimated to average 0.5 to 0.75 hours or 30 to 45 minutes per response, including the time to review instructions, search existing data resources, and 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.



## REQUEST FOR CONTACT INFORMATION FROM MATHEMATICA

[Date], 2010

Dear [Mr./Ms./Dr.] «QIO Director»:

Recently, the Centers for Medicare & Medicaid Services (CMS) sent you a letter about the upcoming 9th SOW Evaluation Survey being conducted by Mathematica Policy Research, Inc. This is part of Mathematica's evaluation of the 8th and 9th SOW Quality Improvement Program. The 9th SOW Evaluation Survey will include a questionnaire for you (QIO Director Survey) and one for the leader of each theme or Patient Safety sub-theme (QIO Theme Leader Survey). *We need your help in identify the most appropriate respondents for these two surveys.*

The **QIO Director Survey** is intended for the QIO executive with ongoing management responsibility and knowledge of the QIO's experience operating the program under the 9th SOW contract. If you are the best person to respond, please record your name, email address, and telephone number on the Excel spreadsheet attached. If there is someone else at your organization that is better able to response, please record his/her information on the form instead.

The **QIO Theme Leader Survey** is intended for those individuals with responsibility and day-to-day knowledge of the QIO's experience with themes or Patient Safety sub-themes in which the QIO is engaged. On the attached Excel spreadsheet, please record the name, email, and telephone number for each theme and Patient Safety sub-theme leader, as applicable.

**Please complete the attached Excel spreadsheet and email it back to Mathematica ([scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com)) or via fax (Attn: Sarah Croake) at 202-863-1763 by xx/xx/xxxx.**

After receiving your completed spreadsheet, email invitations to the applicable web surveys will be sent to the individuals you have identified. All survey responses will remain confidential. Mathematica will report information to CMS in aggregate form only. Your input will be valuable in assisting CMS in continuing to improve the QIO program with each new scope of work.

Please note that Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation, thus, your time in providing contact information and your time to participate in the survey is an expense covered under the contract. If you have any questions, please feel free to call me at [phone number]. If you have questions about the survey, please call Martha Kovac, Mathematica's survey director, at 609-275-2331.

Sincerely,

Sue Felt-Lisk

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 xxx-XXX. The time required to complete this information collection is estimated to average 0.5 to 0.75 hours or 30 to 45 minutes per response, including the time to review instructions, search existing data resources, and 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.





**QUALITY IMPROVEMENT ORGANIZATION NAME**

Instructions: In the spaces provided, please first indicate the most knowledgeable respondent for the QIO Director Survey. Please provide his/her first and last name, email, and telephone number. Then, please identify the most knowledgeable respondent for the QIO Theme Leader Survey, for each theme at your QIO. Again, please provide the first and last name, email, and telephone number for each person listed.

		Recommended Respondent		Email Address	Telephone
		First Name	Last Name		
<b>QIO Director Survey</b>					
<b>QIO Theme Leader Survey</b>	<b>X' next to each QIO theme</b>				
Patient Safety-Pressure Ulcers					
Patient Safety- Physical Restraints					
Patient Safety-Surgical Care Improvement Project					
Patient Safety-MRSA					
Patient Safety-Drug Safety					
Patient Safety - Nursing Homes in Need					
Prevention					
Prevention - Disparities					
Care Transitions					
Chronic Kidney Disease					



## QIO DIRECTOR SURVEY – INVITATION EMAIL

Dear \${name},

Recently, CMS sent a letter to your Quality Improvement Organization (QIO) about an important web-based survey we are conducting. The QIO Director Survey, which you are being asked to complete, will gather input for the program evaluation of the 9th SOW along with the Theme Leader Survey, which was separately sent to theme leaders within the QIO. The surveys collect information about QIO activities, experience, environment, and suggestions for program improvement. Information you provide will support Mathematica's evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

You were identified by [name of CEO or CMS principal contact] as the best person to complete the QIO Director Survey. Please note that Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract. The survey should take less than 15 minutes to complete. Your survey responses will remain confidential. Mathematica will report information to CMS in aggregate form only. Your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Director Survey, click the link below:**

[link would be embedded in email]

We look forward to receiving your completed survey within the next few days. Thanks in advance for your participation. If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher,  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024

## QIO DIRECTOR SURVEY – REMINDER #1

Dear \${name},

Recently, CMS sent a letter to your Quality Improvement Organization (QIO) about an important web-based survey we are conducting. About one week ago, we sent you an email invitation to participate in the QIO Director Survey. This survey gathers input for the program evaluation of the 9th SOW along with the Theme Leader Survey, which was separately sent to theme leaders within the QIO. The surveys collect information about QIO activities, experience, environment, and suggestions for program improvement. Information you provide will support Mathematica’s evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

We have not yet received your completed survey. Please note that Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract. The survey should take less than 15 minutes to complete. **Your survey responses will remain confidential.** Mathematica will report information to CMS in aggregate form only. Your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Director Survey, click the link below:**

[link would be embedded in email]

We look forward to receiving your completed survey within the next few days. Thanks in advance for your participation. If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024

## QIO DIRECTOR SURVEY – REMINDER #2

Dear \${name},

We recently we sent you an email invitation to participate in the QIO Director Survey. This survey gathers input for the program evaluation of the 9th. The surveys collect information about QIO activities, experience, environment, and suggestions for program improvement. Information you provide will support Mathematica’s evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

Your input is very important. Unfortunately, we have not yet received your completed survey. Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract. The survey should take less than 15 minutes to complete. **Your survey responses will remain confidential.** Mathematica will report information to CMS in aggregate form only. Your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Director Survey, click the link below:**

[link would be embedded in email]

We look forward to receiving your completed survey within the next few days. Thanks in advance for your participation. If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024

### QIO DIRECTOR SURVEY – REMINDER #3

Dear \${name},

Time is running out to participate in the QIO Director Survey! This survey gathers input for the program evaluation of the 9th. Information you provide will support Mathematica's evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract.

**Please take 15 minutes to complete the survey today.**

Your survey responses will remain confidential. Mathematica will report information to CMS in aggregate form only. Your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Director Survey, click the link below:**

[link would be embedded in email]

If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024

## QIO THEME LEADER SURVEY – INVITATION EMAIL

Dear \${name},

Recently, CMS sent a letter to your Quality Improvement Organization (QIO) about an important web-based survey we are conducting. The QIO Theme Leader Survey will gather input for the program evaluation of the 9th SOW. The survey collects information about QIO activities, experience, environment, and suggestions for program improvement specific to the **`\${theme}` theme**. Information you provide will support Mathematica’s evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

You were identified by [name of CEO or CMS principal contact] as the best person to complete the survey for the **`\${theme}` theme**. Please note that Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract.

The survey should take about 45 minutes to complete. **Your survey responses will remain confidential**. Mathematica will report information to CMS in aggregate form only. As a theme leader, your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Theme Leader Survey for the `\${theme}` theme, click the link below:**

[link would be embedded in email]

We look forward to receiving your completed survey within the next few days. Thanks in advance for your participation. If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

*Please note, if you are the theme leader for more than one theme at your QIO, you will receive an email invitation to complete a QIO Theme Leader Survey for each theme that you lead. This survey is specific to the **`\${theme}` theme**.*

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024



## QIO THEME LEADER SURVEY – REMINDER #1

Dear \${name},

Recently, CMS sent a letter to your Quality Improvement Organization (QIO) about an important web-based survey we are conducting. About a week ago, we sent you an email invitation to participate in the QIO Theme Leader Survey. The survey collects information about QIO activities, experience, environment, and suggestions for program improvement specific to the **`\${theme}` theme**. Information you provide will support Mathematica’s evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

You were identified by [name of CEO or CMS principal contact] as the best person to complete the survey for the **`\${theme}` theme**. Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract.

We have not yet received your completed survey for the **`\${theme}` theme**. The survey should take about 45 minutes to complete. **Your survey responses will remain confidential.** Mathematica will report information to CMS in aggregate form only. As a theme leader, your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Theme Leader Survey for the **`\${theme}` theme**, click the link below:**

[link would be embedded in email]

We look forward to receiving your completed survey within the next few days. Thanks in advance for your participation. If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024

## QIO THEME LEADER SURVEY – REMINDER #2

Dear \${name},

Recently, we sent you an email invitation to participate in the QIO Theme Leader Survey. The survey collects information about QIO activities, experience, environment, and suggestions for program improvement specific to the **\${theme} theme**. Information you provide will support Mathematica’s evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

We have not yet received your completed survey for the **\${theme} theme**. Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract.

Please take time to complete the survey today – it should take about 45 minutes. **Your survey responses will remain confidential.** Mathematica will report information to CMS in aggregate form only. As a theme leader, your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Theme Leader Survey for the **\${theme} theme**, click the link below:**

[link would be embedded in email]

Thanks in advance for your participation. If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024

## QIO THEME LEADER SURVEY – REMINDER #3

Dear \${name},

Time is running out to participate in the QIO Theme Leader Survey! Information you provide will support Mathematica’s evaluation team in understanding the trends and patterns in outcomes we will be studying, and in developing program improvement recommendations for CMS.

Section C.4.14 of the 9th SOW contract requires each QIO to provide data for evaluation. Your time to participate in the survey is an expense covered under the contract.

**Please complete the survey today.**

Your survey responses will remain confidential. Mathematica will report information to CMS in aggregate form only. As a theme leader, your input is critical in assisting CMS in its efforts to improve the QIO program with each new scope of work.

**To begin the QIO Theme Leader Survey for the \${theme} theme, click the link below:**

[link would be embedded in email]

Thanks in advance for your participation. If you have any questions, please do not hesitate to contact me at [sfelt-lisk@mathematica-mpr.com](mailto:sfelt-lisk@mathematica-mpr.com) or (202) 484-4519.

Sincerely,

Sue Felt-Lisk  
Sr. Health Researcher  
Co-Principal Investigator  
Mathematica Policy Research  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024

Mathematica Reference No.: 06514.180

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**MATHEMATICA**  
Policy Research, Inc.

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**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Director Survey**

*January 8, 2010*

## NINTH SCOPE OF WORK QIO PROGRAM EVALUATION:

### QIO Director Survey

The QIO Director Survey is the key mechanism for gathering QIO input for the program evaluation of the 9th SOW being conducted by Mathematica Policy Research (Mathematica). Your suggestions for program improvement will support Mathematica's evaluation team in developing program- and theme-level recommendations for Centers for Medicare & Medicaid Services (CMS). The survey should take 10-20 minutes to complete, and your time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

1. In **Column A**, for each of the areas listed, please indicate if you would recommend that CMS make a change to improve the QIO program's success in generating quality improvement. If you do recommend a change, please briefly describe your recommendation in **Column B**.

	Column A		Column B
	Recommend that CMS make a change		In the space provided, briefly describe what change you would recommend.
	Yes	No	
a. Focus of QIO contract?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. How QIOs are evaluated?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Program emphasis on QIOSCs?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
d. Program emphasis on data support functions?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
e. How QIOs are expected to work with other providers? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
f. How QIOs are expected to work with other health care organizations (such as provider associations or health plans)?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
g. Other needed change ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
_____			

## Challenges

2. What area of quality improvement is presenting the most important challenge for you in the 9th SOW?

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## Recommended Changes

3. What improvements would you suggest making to the tools or resources made available by CMS? Please list up to three improvements that should be a high priority.

1. 

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2. 

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3. 

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4. Is there anything specific you would like to be doing to improve the quality of care in this state that you feel you cannot do under the current contract?

Yes → **GO TO Q.5**

No → **Thank you for completing this survey. See return instructions below.**

5. Please list up to three things you would like to do to improve the quality of care in this state that you feel you cannot do under the current contract.

1. 

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2. 

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3. 

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**Thank you for completing the QIO Director Survey**

Please return your completed survey to the following:

<p><u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024</p>	<p><u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a></p>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*



**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Patient Safety – Care Transitions**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:**

**Patient Safety Theme – Care Transitions**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

|\_|\_|\_| HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff? Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _ _
b. Mid-level staff.....	_ _ _ _
c. Junior staff.....	_ _ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____					

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

**SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES**

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	Yes	No	N/A
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere..	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
_____				

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
				Very important	Somewhat important	Not very important
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	Very important 1 <input type="checkbox"/>	Somewhat important 2 <input type="checkbox"/>	Not very important 3 <input type="checkbox"/>
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	Very important 1 <input type="checkbox"/>	Somewhat important 2 <input type="checkbox"/>	Not very important 3 <input type="checkbox"/>
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
Major component	Minor component	N/A	Importance of Activity		
			Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Care Transitions**

20. In **Column A**, for each of the following **care transitions activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

a. Encouraging and training on the use of the CARE instrument .....

b. Use of a Transitions Coach .....

Column A			Column B		
Major component	Minor component	N/A	Importance of Activity		
			Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**SECTION V: STAFFING**

21. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
- 2  Associate's degree
- 3  Bachelor's degree
- 4  Master's degree
- 5  Professional degree [MD, DPM, DO, PharmD, etc.]
- 6  Doctoral degree [EdD, PhD]
- 7  Other (*Please specify*) \_\_\_\_\_

b. Field of study, if applicable: \_\_\_\_\_

c. Years of relevant QI experience: |\_\_|\_\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme

|\_\_|\_\_| YEARS

e. Professional level:

- 1  Executive
- 2  Senior
- 3  Mid-Level
- 4  Junior
- 5  Other (*Please specify*) \_\_\_\_\_

22. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_\_|\_\_| STAFF

23. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Care Transitions. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (please specify): \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme
- |\_\_|\_\_| YEARS

**PERSON #2**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (Please specify) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme
- |\_\_|\_\_| YEARS

24. To what extent do you agree with the following statements about staffing for this theme?

	Strongly agree	Agree	Disagree	Strongly disagree
a. QIO staff assigned to this theme have the right substantive expertise and experience...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

25. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- 1  Regulatory oversight
- 2  Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- 3  Both

26. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

27. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

Please answer each of the following questions with regard to the first organization listed at Question 26.

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

28. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 26. If only one organization was listed at Question 26, go to Question 29.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g. quarterly) to avoid overlap .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....		
g. The association tends to work on QI projects that are entirely different from the QIO .....		
h. The association primarily focuses on quality reporting issues rather than quality improvement.....		

***Role of Large Provider Organizations***

**The following questions apply to the state level.**

29. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes
- 0  No → **GO TO Q.33**

30. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_



31. To what extent does the headquarters of the first organization listed in Question 30 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

32. To what extent does the headquarters of the second organization listed in Question 30 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 30, then go to Question 33.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

***Other Important External Players***

33. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT

### *Motivation and Quality Improvement*

34. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 34, item g, go to Question 35. Otherwise, go to Question 36.**

35. What types of providers lack motivation to improve on this theme?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

36. Does state-level public reporting relevant to this theme exist in this state?

- 1  Yes
- 0  No

***Knowledge and Information and Quality Improvement***

37. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 37, item c, go to Question 38. Otherwise, go to Question 39.**

38. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

39. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

40. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- 1  Standardized announcement to eligible providers from the QIO
  - 2  QIO initiated personalized contact with providers
  - 3  Provider associations or other organizations outside the QIO delivered announcement
  - 4  Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - 5  Other (*Please specify*)
-

41. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 42.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures among eligible providers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average among eligible providers on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

42. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

43. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough providers → **GO TO Q.45**

44. Please tell us what types of providers were the most difficult to persuade to participate?

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45. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.47**

46. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more

47. What is the total number of participating providers at present?

|\_|\_|\_| NUMBER

48. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

49. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>

50. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- <sub>1</sub> Yes, many providers who expressed interest had to be excluded
  - <sub>2</sub> Yes, a few providers who expressed interest had to be excluded
  - <sub>0</sub> No, no providers who expressed interest had to be excluded
- } **GO TO Q.51**
- **Thank you for completing this survey**



51. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<p><u>Via mail:</u></p> <p>Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024</p>	<p><u>Via fax:</u></p> <p>Attn: Sarah Croake 202-863-1763</p> <p><u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a></p>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*

**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Chronic Kidney Disease**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format - neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:**

**Chronic Kidney Disease**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

|\_|\_|\_| HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff. Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _
b. Mid-level staff.....	_ _ _
c. Junior staff.....	_ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(specify role below): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

**SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES**

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	Yes	No	N/A
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **Go to Question 14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **Go to Question 16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major Component	Minor Component	N/A	Importance of Activity		
	Very important	Somewhat important	Not very important			
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
	Very important	Somewhat important	Not very important			
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major Component	Minor Component	N/A	Importance of Activity		
	Very important	Somewhat important	Not very important			
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
			Importance of Activity		
Major component	Minor component	N/A	Very important	Somewhat important	Not very important
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**SECTION V: STAFFING**

20. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
- 2  Associate's degree
- 3  Bachelor's degree
- 4  Master's degree
- 5  Professional degree [MD, DPM, DO, PharmD, etc.]
- 6  Doctoral degree [EdD, PhD]
- 7  Other (*Please specify*) \_\_\_\_\_

b. Field of study, if applicable: \_\_\_\_\_

c. Years of relevant QI experience: |\_\_|\_\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme

|\_\_|\_\_| YEARS

e. Professional level:

- 1  Executive
- 2  Senior
- 3  Mid-Level
- 4  Junior
- 5  Other (*Please specify*) \_\_\_\_\_

21. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_\_|\_\_| ENTER NUMBER

22. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Chronic Kidney Disease. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme:  
|\_\_|\_\_| YEARS

**PERSON #2**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme:  
|\_\_|\_\_| YEARS

23. To what extent do you agree with the following statements about staffing for this theme?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. QIO staff assigned to this theme have the right substantive expertise and experience.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

24. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- <sup>1</sup> Regulatory oversight
- <sup>2</sup> Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- <sup>3</sup> Both

25. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

26. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the first organization listed at Question 25.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>



27. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 25. If only one organization was listed at Question 25, go to Question 28.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

***Role of Large Provider Organizations***

**The following questions apply to the state level.**

28. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes
- 0  No → **GO TO Q.324**

29. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

31. To what extent does the headquarters of the first organization listed in Question 29 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

31. To what extent does the headquarters of the second organization listed in Question 29 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 29, then go to Question 32.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

*Other Important External Players*

32. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT

### *Motivation and Quality Improvement*

33. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 33, item g, go to Question 34. Otherwise, go to Question 35.**

34. What types of providers lack motivation to improve on this theme?

- <sub>1</sub> Hospitals
- <sub>2</sub> Physician practices
- <sub>3</sub> Nursing homes
- <sub>4</sub> Home health agencies

35. Does state-level public reporting relevant to this theme exist in this state?

- <sub>1</sub> Yes
- <sub>0</sub> No

***Knowledge and Information and Quality Improvement***

36. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 36, item c, go to Question 37. Otherwise, go to Question 38.**

37. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

38. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

39. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- <sup>1</sup> Standardized announcement to eligible providers from the QIO
  - <sup>2</sup> QIO initiated personalized contact with providers
  - <sup>3</sup> Provider associations or other organizations outside the QIO delivered announcement
  - <sup>4</sup> Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - <sup>5</sup> Other (*Please specify*)
-

40. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 41.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures <u>among eligible providers</u> .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average <u>among eligible providers</u> on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

41. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

42. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough provider → **GO TO Q.44**

43. Please tell us what types of providers were the most difficult to persuade to participate?

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44. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.46**

45. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more



46. What is the total number of participating providers at present?

\_\_\_\_\_ NUMBER

47. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

48. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>

49. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- 1  Yes, many providers who expressed interest had to be excluded
- 2  Yes, a few providers who expressed interest had to be excluded

} **GO TO Q.50**

- 0  No, no providers who expressed interest had to be excluded → Thank you for completing this survey

50. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<p><u>Via mail:</u></p> <p>Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024</p>	<p><u>Via fax:</u></p> <p>Attn: Sarah Croake 202-863-1763</p> <p><u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a></p>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*

**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Patient Safety – Drug Safety**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:**

**Patient Safety Theme – Drug Safety**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

|\_|\_|\_| HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff? Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _ _
b. Mid-level staff.....	_ _ _ _
c. Junior staff.....	_ _ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____					

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
- 1  Always consistent
  - 2  Usually consistent
  - 3  Rarely consistent
  - 4  Never consistent

**Interactions with Individual Providers**

9. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Important of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Problem-solving or strategizing with individual providers at their request...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Patient Safety**

10. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- n  Did not attend any annual in-person meetings sponsored by CMS

11. How valuable was the “change package” that CMS developed for this theme?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- d  Don't know

12. About what percent of QIO staff time devoted to the patient safety drug safety sub-theme has been spent on activities with (or targeting) the following organizations?

*Please round to the nearest percent. Percents should total 100.*

- a. Medicare providers and practitioners.....|\_|\_|\_| %
- b. Medicare Advantage plans .....|\_|\_|\_| %
- c. Prescription Drug Sponsor plans (PDPs) under Part D .....|\_|\_|\_| %
- d. Other (*Please specify*).....|\_|\_|\_| %

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TOTAL 100%

13. How interested did you find each of these types of organizations to be in working on projects to reduce drug-drug interactions?

	Very interested	Somewhat interested	Little or no interest	Don't know
a. Medicare providers and practitioners .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. Medicare Advantage plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. Prescription Drug Sponsor plans (PDPs) under Part D.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
d. Other ( <i>Specify</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
_____				

14. How interested did you find each of these types of organizations to be in working on projects to reduce prescriptions of potentially inappropriate medications?

	Very interested	Somewhat interested	Little or no interest	Don't know
a. Medicare providers and practitioners .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. Medicare Advantage plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. Prescription Drug Sponsor plans (PDPs) under Part D.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
d. Other ( <i>Specify</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
_____				

15. What has been the QIO's most important contribution thus far under the drug safety sub-theme?

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16. What lessons have you learned about partnering with other organizations to improve drug safety?

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17. Do you have any suggestions for how CMS could improve the drug safety sub-theme?

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**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024	<u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*

**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Patient Safety – Methicillin Resistant Staphylococcus Aureus**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:  
Patient Safety Theme – Methicillin Resistant Staphylococcus Aureus**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

\_\_\_\_|\_\_\_\_|\_\_\_\_ HOURS



4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff. Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _
b. Mid-level staff.....	_ _ _
c. Junior staff.....	_ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

## SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	Yes	No	N/A
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
			Importance of Activity		
Major component	Minor component	N/A	Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Patient Safety**

20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- 5  Did not attend any annual in-person meetings sponsored by CMS

21. How valuable was the “change package” that CMS developed for this theme?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- d  Don't know



**SECTION V: STAFFING**

22. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*)
- 

b. Field of study, if applicable:

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c. Years of relevant QI experience:

|\_|\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme:

|\_|\_| YEARS

e. Professional level:

- 1  Executive
  - 2  Senior
  - 3  Mid-Level
  - 4  Junior
  - 5  Other (*Please specify*)
- 

23. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_|\_| ENTER NUMBER

24. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Methicillin Resistant Staphylococcus Aureus. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

**PERSON #2**

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

25. To what extent do you agree with the following statements about staffing for this theme?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. QIO staff assigned to this theme have the right substantive expertise and experience...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

26. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- <sup>1</sup> Regulatory oversight
- <sup>2</sup> Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- <sup>3</sup> Both

27. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

28. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the first organization listed at Question 27.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>

29. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 27. If only one organization was listed at Question 27, go to Question 30.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

***Role of Large Provider Organizations***

**The following questions apply to the state level.**

30. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes
- 0  No → **GO TO Q.34**

31. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

1. \_\_\_\_\_

2. \_\_\_\_\_

32. To what extent does the headquarters of the first organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

33. To what extent does the headquarters of the second organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 31, then go to Question 34.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

***Other Important External Players***

34. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT

### *Motivation and Quality Improvement*

35. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 35, item g, go to Question 36. Otherwise, go to Question 37.**

36. What types of providers lack motivation to improve on this theme?

- <sub>1</sub> Hospitals
- <sub>2</sub> Physician practices
- <sub>3</sub> Nursing homes
- <sub>4</sub> Home health agencies

37. Does state-level public reporting relevant to this theme exist in this state?

- <sub>1</sub> Yes
- <sub>0</sub> No

***Knowledge and Information and Quality Improvement***

38. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>



**If you responded “agree” or “strongly agree” to Question 38, item c, go to Question 39. Otherwise, go to Question 40.**

39. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

40. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

41. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- <sup>1</sup> Standardized announcement to eligible providers from the QIO
  - <sup>2</sup> QIO initiated personalized contact with providers
  - <sup>3</sup> Provider associations or other organizations outside the QIO delivered announcement
  - <sup>4</sup> Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - <sup>5</sup> Other (*Please specify*)
-

42. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 43.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures among eligible providers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average among eligible providers on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

43. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

44. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough provider → **GO TO Q.46**

45. Please tell us what types of providers were the most difficult to persuade to participate?

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46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.48**

47. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more

48. What is the total number of participating providers at present?

\_\_\_\_\_ NUMBER

49. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

50. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>

51. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- <sup>1</sup> Yes, many providers who expressed interest had to be excluded
  - <sup>2</sup> Yes, a few providers who expressed interest had to be excluded
  - <sup>0</sup> No, no providers who expressed interest had to be excluded → **Thank you for completing this survey**
- } **GO TO Q.52**

52. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024	<u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*



**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Patient Safety – Nursing Homes in Need**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:**

**Patient Safety Theme – Nursing Homes in Need**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

|\_|\_|\_| HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff? Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _
b. Mid-level staff.....	_ _ _
c. Junior staff.....	_ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____					

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION II: PATIENT SAFETY – NURSING HOMES IN NEED**

8. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- n  Did not attend any annual in-person meetings sponsored by CMS

9. How valuable was the “change package” that CMS developed for this sub-theme?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- d  Don't know

10. Think about the nursing home you first worked with under the nursing homes in need sub-theme. About what percent of QIO staff time was spent on the following activities related to the sub-theme?

*Please round to the nearest percent. Percents should total 100.*

	Percent of Time
a. Root cause analysis .....	_ _ _  %
b. Developing an action plan.....	_ _ _  %
c. Training or other interventions .....	_ _ _  %
d. Finding or preparing educational materials for the NHIN .....	_ _ _  %
e. Follow-up assessment .....	_ _ _  %
f. Other ( <i>Please specify</i> ).....	_ _ _  %
<b>TOTAL</b>	<b>100%</b>

11. Thinking again about the nursing home you first worked with under the nursing homes in need sub-theme, to what extent do you agree with the following statements?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The root cause analysis led to identification of problems that QIO staff were well-qualified to assist with .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. With the QIO's assistance, the nursing home was able to make substantial progress on the major problems affecting its quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Nursing home executives and staff seemed to appreciate QIO assistance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The nursing home was able to carry out its action plan successfully .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. What has been the QIO's most important contribution thus far under the nursing homes in need sub-theme?

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13. What lessons have you learned from your experience to date on the nursing homes in need sub-theme?

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14. Do you have any suggestions for how CMS could improve the nursing homes in need sub-theme?

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**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<p><u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024</p>	<p><u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a></p>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*



**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Patient Safety – Physical Restraints**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:  
Patient Safety Theme – Physical Restraints**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

\_\_\_\_|\_\_\_\_|\_\_\_\_ HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff. Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _
b. Mid-level staff.....	_ _ _
c. Junior staff.....	_ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

**SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES**

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	Yes	No	N/A
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
			Importance of Activity		
Major component	Minor component	N/A	Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Patient Safety**

20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- 5  Did not attend any annual in-person meetings sponsored by CMS

21. How valuable was the “change package” that CMS developed for this theme?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- d  Don't know

**SECTION V: STAFFING**

22. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*)
- 

b. Field of study, if applicable:

---

c. Years of relevant QI experience:

|\_|\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme:

|\_|\_| YEARS

e. Professional level:

- 1  Executive
  - 2  Senior
  - 3  Mid-Level
  - 4  Junior
  - 5  Other (*Please specify*)
- 

23. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_|\_| ENTER NUMBER

24. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Physical Restraints. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

**PERSON #2**

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

25. To what extent do you agree with the following statements about staffing for this theme?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. QIO staff assigned to this theme have the right substantive expertise and experience...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

26. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- 1  Regulatory oversight
- 2  Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- 3  Both

27. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

28. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the first organization listed at Question 27.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

29. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 27. If only one organization was listed at Question 27, go to Question 30.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

***Role of Large Provider Organizations***

**The following questions apply to the state level.**

30. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes
- 0  No → **GO TO Q.34**

31. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

1. \_\_\_\_\_

2. \_\_\_\_\_

32. To what extent does the headquarters of the first organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

33. To what extent does the headquarters of the second organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 31, then go to Question 34.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

***Other Important External Players***

34. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



## SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT

### *Motivation and Quality Improvement*

35. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 35, item g, go to Question 36. Otherwise, go to Question 37.**

36. What types of providers lack motivation to improve on this theme?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

37. Does state-level public reporting relevant to this theme exist in this state?

- 1  Yes
- 0  No

***Knowledge and Information and Quality Improvement***

38. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 38, item c, go to Question 39. Otherwise, go to Question 40.**

39. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

40. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

41. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- <sup>1</sup> Standardized announcement to eligible providers from the QIO
  - <sup>2</sup> QIO initiated personalized contact with providers
  - <sup>3</sup> Provider associations or other organizations outside the QIO delivered announcement
  - <sup>4</sup> Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - <sup>5</sup> Other (*Please specify*)
-

42. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 43.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures among eligible providers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average among eligible providers on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

43. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

44. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough provider → **GO TO Q.46**

45. Please tell us what types of providers were the most difficult to persuade to participate?

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46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.48**

47. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more

48. What is the total number of participating providers at present?

\_\_\_\_\_ NUMBER

49. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

50. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>

51. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- <sup>1</sup> Yes, many providers who expressed interest had to be excluded
  - <sup>2</sup> Yes, a few providers who expressed interest had to be excluded
  - <sup>0</sup> No, no providers who expressed interest had to be excluded → **Thank you for completing this survey**
- } **GO TO Q.52**

52. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024	<u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*

**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Patient Safety – Pressure Ulcers**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:  
Patient Safety Theme – Pressure Ulcers**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

\_\_\_\_|\_\_\_\_|\_\_\_\_ HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff. Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _
b. Mid-level staff.....	_ _ _
c. Junior staff.....	_ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

**SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES**

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	Yes	No	N/A
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
			Importance of Activity		
Major component	Minor component	N/A	Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Patient Safety**

20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- 5  Did not attend any annual in-person meetings sponsored by CMS

21. How valuable was the “change package” that CMS developed for this theme?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- d  Don't know

**SECTION V: STAFFING**

22. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*)
- 

b. Field of study, if applicable:

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c. Years of relevant QI experience:

|\_|\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme:

|\_|\_| YEARS

e. Professional level:

- 1  Executive
  - 2  Senior
  - 3  Mid-Level
  - 4  Junior
  - 5  Other (*Please specify*)
- 

23. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_|\_| ENTER NUMBER

24. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Pressure Ulcers. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

**PERSON #2**

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

25. To what extent do you agree with the following statements about staffing for this theme?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. QIO staff assigned to this theme have the right substantive expertise and experience...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

26. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- <sup>1</sup> Regulatory oversight
- <sup>2</sup> Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- <sup>3</sup> Both

27. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

1. \_\_\_\_\_

2. \_\_\_\_\_

28. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the first organization listed at Question 27.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>



29. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 27. If only one organization was listed at Question 27, go to Question 30.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

***Role of Large Provider Organizations***

**The following questions apply to the state level.**

30. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes
- 0  No → **GO TO Q.34**

31. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

1. \_\_\_\_\_

2. \_\_\_\_\_

32. To what extent does the headquarters of the first organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

33. To what extent does the headquarters of the second organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 31, then go to Question 34.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

***Other Important External Players***

34. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT**

***Motivation and Quality Improvement***

35. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 35, item g, go to Question 36. Otherwise, go to Question 37.**

36. What types of providers lack motivation to improve on this theme?

- <sub>1</sub> Hospitals
- <sub>2</sub> Physician practices
- <sub>3</sub> Nursing homes
- <sub>4</sub> Home health agencies

37. Does state-level public reporting relevant to this theme exist in this state?

- <sub>1</sub> Yes
- <sub>0</sub> No

***Knowledge and Information and Quality Improvement***

38. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 38, item c, go to Question 39.  
Otherwise, go to Question 40.**

39. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

40. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

41. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- 1 Standardized announcement to eligible providers from the QIO
  - 2 QIO initiated personalized contact with providers
  - 3 Provider associations or other organizations outside the QIO delivered announcement
  - 4 Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - 5 Other (*Please specify*)
-

42. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 43.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures among eligible providers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average among eligible providers on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

43. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

44. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough provider → **GO TO Q.46**

45. Please tell us what types of providers were the most difficult to persuade to participate?

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46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.48**

47. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more



48. What is the total number of participating providers at present?

\_\_\_\_\_ NUMBER

49. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

50. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>

51. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- <sup>1</sup> Yes, many providers who expressed interest had to be excluded
- <sup>2</sup> Yes, a few providers who expressed interest had to be excluded
- <sup>0</sup> No, no providers who expressed interest had to be excluded → Thank you for completing this survey

GO TO Q.52

52. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024	<u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*

**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Prevention - Disparities**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:**

**Prevention – Disparities**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

|\_|\_|\_| HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff? Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _ _
b. Mid-level staff.....	_ _ _ _
c. Junior staff.....	_ _ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____					

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

**SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES**

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	Yes	No	N/A
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere..	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
_____				

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
				Very important	Somewhat important	Not very important
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	Very important 1 <input type="checkbox"/>	Somewhat important 2 <input type="checkbox"/>	Not very important 3 <input type="checkbox"/>
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	Very important 1 <input type="checkbox"/>	Somewhat important 2 <input type="checkbox"/>	Not very important 3 <input type="checkbox"/>
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
Major component	Minor component	N/A	Importance of Activity		
			Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Disparities**

20. In Column A, for each of the following Prevention - Disparities activities, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In Column B, for each activity that occurs, indicate the extent to which it is important to improving quality with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

a. Obtaining clinical EHR-based data from practices.....

b. Recruiting and training community health workers.....

c. Implementing DSME for beneficiaries with diabetes.....

Column A			Column B		
Major component	Minor component	N/A	Importance of Activity		
			Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

21. To meet the goals of providing Diabetes Self-Management Education, what mechanisms were used by the QIO to recruit beneficiaries?

**MARK ALL THAT APPLY**

- 1  Recruitment through local providers
  - 2  Recruitment directly from the community
  - 3  Other mechanism(s) (*Please specify*)
- 

22. Which of the following best describes the geographic area targeted under this theme?

- 1  All urban or suburban
- 2  Mostly urban or suburban
- 3  About evenly urban/suburban and rural
- 4  Mostly rural
- 5  All rural



**SECTION V: STAFFING**

23. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
- 2  Associate's degree
- 3  Bachelor's degree
- 4  Master's degree
- 5  Professional degree [MD, DPM, DO, PharmD, etc.]
- 6  Doctoral degree [EdD, PhD]
- 7  Other (*Please specify*) \_\_\_\_\_

b. Field of study, if applicable: \_\_\_\_\_

c. Years of relevant QI experience: |\_\_|\_\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme

|\_\_|\_\_| YEARS

e. Professional level:

- 1  Executive
- 2  Senior
- 3  Mid-Level
- 4  Junior
- 5  Other (*Please specify*) \_\_\_\_\_

24. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_\_|\_\_| ENTER NUMBER

25. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Prevention Disparities. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme
- |\_\_|\_\_| YEARS

**PERSON #2**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme
- |\_\_|\_\_| YEARS

26. To what extent do you agree with the following statements about staffing for this theme?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. QIO staff assigned to this theme have the right substantive expertise and experience...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

27. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- 1  Regulatory oversight
- 2  Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- 3  Both

28. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

29. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the first organization listed at Question 28.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g. quarterly) to avoid overlap .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

30. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 26. If only one organization was listed at Question 28, go to Question 31.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

***Role of Large Provider Organizations***

**The following questions apply to the state level.**

31. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes  
 0  No → **GO TO Q.35**

32. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

1. \_\_\_\_\_  
 2. \_\_\_\_\_

33. To what extent does the headquarters of the first organization listed in Question 32 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

34. To what extent does the headquarters of the second organization listed in Question 32 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 32, then go to Question 35.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

***Other Important External Players***

35. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT

### *Motivation and Quality Improvement*

36. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 36, item g, go to Question 37. Otherwise, go to Question 38.**

37. What types of providers lack motivation to improve on this theme?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

38. Does state-level public reporting relevant to this theme exist in this state?

- 1  Yes
- 0  No

***Knowledge and Information and Quality Improvement***

39. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't Know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>



**If you responded “agree” or “strongly agree” to Question 39, item c, go to Question 40. Otherwise, go to Question 41.**

40. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

41. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

42. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- 1  Standardized announcement to eligible providers from the QIO
  - 2  QIO initiated personalized contact with providers
  - 3  Provider associations or other organizations outside the QIO delivered announcement
  - 4  Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - 5  Other (*Please specify*)
-

43. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 44.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures among eligible providers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average among eligible providers on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

44. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

45. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough providers → **GO TO Q.47**

46. Please tell us what types of providers were the most difficult to persuade to participate.

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47. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.49**

48. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more

49. What is the total number of participating providers at present?

|\_|\_|\_| NUMBER

50. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

51. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>

52. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- <sup>1</sup> Yes, many providers who expressed interest had to be excluded
  - <sup>2</sup> Yes, a few providers who expressed interest had to be excluded
  - <sup>0</sup> No, no providers who expressed interest had to be excluded → Thank you for completing this survey
- } **GO TO Q.53**

53. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024	<u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*



**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Prevention**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:**

**Prevention**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

\_\_\_\_|\_\_\_\_|\_\_\_\_ HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff? Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _
b. Mid-level staff.....	_ _ _
c. Junior staff.....	_ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____					

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

**SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES**

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere..	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
_____				

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
				Very important	Somewhat important	Not very important
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	Very important 1 <input type="checkbox"/>	Somewhat important 2 <input type="checkbox"/>	Not very important 3 <input type="checkbox"/>
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B		
	Major component	Minor component	N/A	Importance of Activity		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	Very important 1 <input type="checkbox"/>	Somewhat important 2 <input type="checkbox"/>	Not very important 3 <input type="checkbox"/>
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
			Importance of Activity		
Major component	Minor component	N/A	Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Prevention**

20. Do you think participating providers found clinical quality reporting to be beneficial to their ongoing quality improvement efforts?

- 1  Yes
- 0  No
- d  Don't know

**SECTION V: STAFFING**

21. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
- 2  Associate's degree
- 3  Bachelor's degree
- 4  Master's degree
- 5  Professional degree [MD, DPM, DO, PharmD, etc.]
- 6  Doctoral degree [EdD, PhD]
- 7  Other (*Please specify*) \_\_\_\_\_

b. Field of study, if applicable: \_\_\_\_\_

c. Years of relevant QI experience: |\_\_|\_\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme

|\_\_|\_\_| YEARS

e. Professional level:

- 1  Executive
- 2  Senior
- 3  Mid-Level
- 4  Junior
- 5  Other (*Please specify*) \_\_\_\_\_

22. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_\_|\_\_| ENTER NUMBER

23. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Prevention. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme:  
|\_\_|\_\_| YEARS

**PERSON #2**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme:  
|\_\_|\_\_| YEARS

24. To what extent do you agree with the following statements about staffing for this theme?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. QIO staff assigned to this theme have the right substantive expertise and experience...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

25. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- 1  Regulatory oversight
- 2  Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- 3  Both

26. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

1. \_\_\_\_\_

2. \_\_\_\_\_

27. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the first organization listed at Question 26.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g. quarterly) to avoid overlap .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

28. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 26. If only one organization was listed at Question 26, go to Question 29.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g. quarterly) to avoid overlap .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....		
g. The association tends to work on QI projects that are entirely different from the QIO .....		
h. The association primarily focuses on quality reporting issues rather than quality improvement.....		

***Role of Large Provider Organizations***

The following questions apply to the state level.

29. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes
- 0  No → **GO TO Q.33**

30. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_



31. To what extent does the headquarters of the first organization listed in Question 30 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

32. To what extent does the headquarters of the second organization listed in Question 30 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 30, then go to Question 33.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

***Other Important External Players***

33. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT

### *Motivation and Quality Improvement*

34. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 34, item g, go to Question 35. Otherwise, go to Question 36.**

35. What types of providers lack motivation to improve on this theme?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

36. Does state-level public reporting relevant to this theme exist in this state?

- 1  Yes
- 0  No

***Knowledge and Information and Quality Improvement***

37. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 37, item c, go to Question 38. Otherwise, go to Question 39.**

38. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

39. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

40. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- 1  Standardized announcement to eligible providers from the QIO
  - 2  QIO initiated personalized contact with providers
  - 3  Provider associations or other organizations outside the QIO delivered announcement
  - 4  Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - 5  Other (*Please specify*)
-

41. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 42.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures among eligible providers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average among eligible providers on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

42. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

43. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough providers → **GO TO Q.45**

44. Please tell us what types of providers were the most difficult to persuade to participate.

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45. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.47**

46. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more

47. What is the total number of participating providers at present?

|\_|\_|\_| NUMBER

48. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

49. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>



50. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- <sup>1</sup> Yes, many providers who expressed interest had to be excluded
  - <sup>2</sup> Yes, a few providers who expressed interest had to be excluded
  - <sup>0</sup> No, no providers who expressed interest had to be excluded
- } **GO TO Q.51**
- **Thank you for completing this survey**

51. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024	<u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>
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Mathematica Reference No.: 06514.180

**MATHEMATICA**  
Policy Research, Inc.

**Ninth Scope of Work QIO  
Program Evaluation:  
QIO Theme Leader  
Survey**

*January 8, 2010*

**Ninth Scope of Work QIO Program Evaluation:**

**QIO Theme Leader Survey**

**Patient Safety – Surgical Care Improvement Project**

This survey is the key mechanism for QIO input into the program evaluation of the 9th SOW. The information collected about QIO activities, experience, environment, and suggestions for program improvement will allow quantitative and qualitative analysis to support the Mathematica Policy Research evaluation team in developing program- and theme-level recommendations to CMS. Each survey should take 10-20 minutes to complete, and time is a covered expense under your contract per Section C.4.B.13 of the 9th SOW contract, which requires each QIO to provide data for evaluation.

All information you provide will be kept strictly confidential. Information generated from this survey will be shared in aggregate format—neither you nor your QIO will be able to be identified.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: [scroake@mathematica-mpr.com](mailto:scroake@mathematica-mpr.com).

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**Please answer all questions on this survey in relation to the following  
9th SOW theme:  
Patient Safety Theme – Surgical Care Improvement Project**

**SECTION I: 9TH SOW CONTRACT AND COMMUNICATION WITH CMS**

**Clarity of the Contract for the 9th SOW**

1. Please indicate the level of clarity for each of the following aspects of the 9th SOW contract for this theme. For each, was it very clear, clear, unclear, or very unclear?

Clarity of...	Very clear	Clear	Unclear	Very unclear
a. RFP aims and requirements .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. contract language at the time of award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. contract modification(s) since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. SDPS or TOPS memos since award .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Documentation and Reporting Requirements for the 9th SOW**

2. Please indicate if you agree with each of the following statements about the documentation and reporting requirements of the 9th SOW contract for this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS documentation and reporting requirements are clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Required reports to CMS capture meaningful information about the progress of the intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of CMS required documentation and reporting is reasonable..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The PATRIOT system worked well in the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The PATRIOT system worked well after the first six months of the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. In an average month how many total hours are spent fulfilling CMS reporting requirements for this theme?

*If reporting does not occur on a monthly basis, please determine total hours spent over a single reporting period and divide by the total months in that reporting period to determine the average hours per month.*

\_\_\_\_|\_\_\_\_|\_\_\_\_ HOURS

4. Of the hours spent in an average month reported above, what percent is spent by senior staff, mid-level staff, and junior staff. Percents should total 100.

*For themes where QIO staff work with providers, mid-level staff would include those who work directly with providers on theme-relevant improvements, while junior staff would take supporting roles and senior staff would lead and manage the various efforts.*

	Percent
a. Senior level staff.....	_ _ _
b. Mid-level staff.....	_ _ _
c. Junior staff.....	_ _ _

**Contract Goals and Objectives for the 9th SOW**

5. Please indicate if you agree with each of the following statements about the goals, objectives and improvement targets of the 9th SOW contract related to this theme (as modified at the time of this survey). For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. CMS goals and objectives are clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Resources for this theme are sufficient to support goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improvement targets set by CMS for this theme are attainable .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improvement targets set by CMS represent meaningful improvements in care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The timeframe for meeting improvement targets is reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Method for evaluating the QIO is clear.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The QIO contract focuses effort on important areas of quality.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Contract Support and Communication for the 9th SOW**

6. For each of the following, please indicate if their knowledge base relative to their responsibilities was excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	Not Enough Contact to Tell
a. Government Task Leader.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Government Theme Leader .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Contract Officer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. CMS Project Officer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other CMS personnel ( <i>Specify role below</i> ).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Please indicate if you agree with each of the following statements about the support and communication for the 9th SOW contract as it relates to this theme. For each, do you strongly agree, agree, disagree, or strongly disagree?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The CMS Project Officer is supportive and helpful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The CMS Project Officer understands the QIO's interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Oral communication by CMS personnel is clear .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contract modification(s) required little effort to implement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract modifications improved the contract .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?

- 1  Always consistent
- 2  Usually consistent
- 3  Rarely consistent
- 4  Never consistent

## SECTION II: SUFFICIENCY OF INFORMATION AND RESOURCES

9. Thinking about designing effective interventions that are known to work, have you had sufficient data and information to do the following during the 9th SOW?

	Yes	No	N/A
a. Understand the problem the intervention is addressing.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Enable design of intervention with high likelihood of success.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Identify disparities related to this theme.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
d. Identify what interventions are working elsewhere.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
e. Adequately justify the intervention to providers and others.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

10. Think about the information you get that helps you shape and refine your intervention over time so that it targets the right techniques to the right providers during the 9th SOW. Please rate the value of the information you currently obtain from:

	High Value	Medium Value	Low Value	Did Not Use
a. Reports from the QIOSC that contain data analysis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Conference calls convened by the QIOSC .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tools provided by the QIOSC (regardless of source) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Data from IFMC that the QIO analyzes itself ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. QualityNet (including MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
f. QualityNet conferences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Webinars or teleconferences sponsored by other organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Key websites (other than MedQIC) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Personal contacts with other QIOs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Personal contacts with other health care organizations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other key information source ( <i>Please specify below</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

**SECTION III: TOOLS AND OTHER RESOURCES**

11. The following are statements about tools and other resources used to support interventions related to this theme. To what extent do you agree with each of the following?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. The tools and other resources that are available to support interventions related to this theme are of high quality .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The tools and specifications that are available to support measurement related to this theme work well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.14**

13. Please identify the tools or other resource(s) and describe how they were adapted.

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14. Has the QIO had to create any tools or other resources to support interventions related to this theme?

- 1  Yes
- 0  No → **GO TO Q.16**

15. Please describe the tool(s) or other resource(s) created.

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**SECTION IV: ACTIVITIES**

***Collaborative Activities***

16. In **Column A**, for each of the following **collaborative activities**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Forming new collaborations among providers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Forming new collaborations that include health organizations other than provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Contributing to existing collaborations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Interactions with Individual Providers**

17. In **Column A**, for each of the following **activities that involved interactions with individual providers**, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Problem-solving or strategizing with individual providers at their request....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Problem-solving or strategizing with individual providers during meetings the QIO initiated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Making presentations on-site at individual providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Interacting with top leadership of provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Helping integrate clinical guidelines into health information systems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Helping providers better use their health information systems to support QI.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Discussing providers’ own performance with them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Training staff within provider organizations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**One-to-Many Activities**

18. In **Column A**, for each of the following **group education/meeting activities** indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, for each activity that occurs, indicate the extent to which it is important to improving quality or patient safety with regard to this theme. If an activity is “N/A” in Column A, then skip Column B for that activity.

	Column A			Column B Importance of Activity		
	Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a. Providing one-to-many educational or shared learning sessions via telephone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Large regional or statewide in-person meetings .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Routinely providing provider-specific data to providers with benchmarks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Notifying providers of quality improvement-related opportunities sponsored by others .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Business Case Focus**

19. In **Column A**, for the following activity, indicate if it is a major or minor component for this theme. If the activity does not occur, check the corresponding “N/A” box.

In **Column B**, if this activity occurs, indicate the extent to which it is important to improving quality with regard to this theme. If this activity is “N/A” in Column A, then skip Column B for that activity.

a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme.....

Column A			Column B		
			Importance of Activity		
Major component	Minor component	N/A	Very important	Somewhat important	Not very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	n <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**Patient Safety**

20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- 5  Did not attend any annual in-person meetings sponsored by CMS

21. How valuable was the “change package” that CMS developed for this theme?

- 1  Very valuable
- 2  Valuable
- 3  Marginally valuable
- 4  Not valuable at all
- d  Don't know

**SECTION V: STAFFING**

22. Think about the person most responsible for design of the intervention materials and processes for this theme. For this person, please indicate his/her highest level of education attainment, field of study, years of relevant QI experience, years of experience working with the types of providers or organizations relevant to this theme, and professional level (executive, senior, etc.).

a. Highest level of educational attainment:

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*)
- 

b. Field of study, if applicable:

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c. Years of relevant QI experience:

|\_|\_| YEARS

d. Years of experience working with the types of providers or organizations relevant to this theme:

|\_|\_| YEARS

e. Professional level:

- 1  Executive
  - 2  Senior
  - 3  Mid-Level
  - 4  Junior
  - 5  Other (*Please specify*)
- 

23. How many QIO staff have interacted directly, on a frequent basis, with providers and collaborating organizations for this theme?

|\_|\_| ENTER NUMBER

24. Think about the one or two people who have interacted most frequently with providers and collaborating organizations for Surgical Care Improvement Project. For each, please indicate his/her highest level of education attainment, field of study, and years of relevant QI experience, and years of experience working with the types of providers or organizations relevant to this theme.

**PERSON #1**

- a. Highest level of educational attainment:
- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

**PERSON #2**

- 1  Some college
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  Master's degree
  - 5  Professional degree [MD, DPM, DO, PharmD, etc.]
  - 6  Doctoral degree [EdD, PhD]
  - 7  Other (*Please specify*) \_\_\_\_\_
- b. Field of study, if applicable: \_\_\_\_\_
- c. Years of relevant QI experience: |\_\_|\_\_| YEARS
- d. Years of experience working with the types of providers or organizations relevant to this theme: |\_\_|\_\_| YEARS

25. To what extent do you agree with the following statements about staffing for this theme?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. QIO staff assigned to this theme have the right substantive expertise and experience...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. An adequate number of QIO staff have been available to perform work on this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SECTION VI: IMPACT OF EXTERNAL FACTORS ON THIS THEME**

***Role of Provider, Professional Associations and/or State Agencies***

26. Which role(s) does the state agency most relevant to this theme play in assuring and improving quality?

- <sup>1</sup> Regulatory oversight
- <sup>2</sup> Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
- <sup>3</sup> Both

27. Please list up to two provider or professional associations that are stakeholders in this theme and could potentially affect its success that have been most relevant to this theme.

1. \_\_\_\_\_

2. \_\_\_\_\_

28. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the first organization listed at Question 27.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>



29. The following are items that characterize the types of activities and/or relationships that may exist between QIO's and provider and/or professional associations.

**Please answer each of the following questions with regard to the second organization listed at Question 27. If only one organization was listed at Question 27, go to Question 30.**

	Yes	No
a. The association employs at least one staff member with major responsibility and time devoted to quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The association and QIO talk periodically (e.g., quarterly) to avoid overlap.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. QIO staff attend and speak at association-sponsored meetings at least once per year .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The association and QIO work jointly on one or more QI efforts substantial in scope (such as co-sponsoring in-person meetings focused on QI) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. The association tends to work with a different set of providers than the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The association tends to work on QI projects that are entirely different from the QIO.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The association primarily focuses on quality reporting issues rather than quality improvement .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

***Role of Large Provider Organizations***

**The following questions apply to the state level.**

30. Do any large provider organizations that are relevant to this theme, such as health systems, hospitals, or nursing home chains, exist in your state?

- 1  Yes
- 0  No → **GO TO Q.34**

31. Please list up to two large health care delivery organizations in your state (such as an integrated delivery system or dominant medical group) that are stakeholders in this theme and have the greatest potential to affect its success.

1. \_\_\_\_\_

2. \_\_\_\_\_

32. To what extent does the headquarters of the first organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

33. To what extent does the headquarters of the second organization listed in Question 31 drive quality in owned or affiliated organizations in this state?

**If only one provider was listed at Question 31, then go to Question 34.**

- 1  A lot
- 2  A moderate amount
- 3  A little
- 4  Not at all
- d  Don't know

***Other Important External Players***

34. Please list up to three other external organizations whose efforts are proving important to achieving improvements on this theme. (Please spell out the full name of the organization.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## SECTION VI: QIO VIEWS ON QUALITY IMPROVEMENT

### *Motivation and Quality Improvement*

35. The following are statements which related to motivation and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a. Senior leaders at providers care about their quality performance related to this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Providers regularly review data (generated internally or received from another organization) on their performance related to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The “business case” for quality, when it is clear, is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providers perceive a strong business case for quality improvement on the measures important to this theme.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Ongoing pay-for-performance efforts are a key motivation for quality improvements in this state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. One or more large health plans “tiers” providers in their network in ways that consider their quality performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Many providers lack motivation to improve ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Motivational speakers (such as key IHI personnel, a prominent physician, or leading QI thinkers who are physicians) are effective motivators for improvement .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The number of physician champions is adequate to help facilitate improvement on key measures for this theme .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Public reporting is a key motivator for improvement for most providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 35, item g, go to Question 36. Otherwise, go to Question 37.**

36. What types of providers lack motivation to improve on this theme?

- <sub>1</sub> Hospitals
- <sub>2</sub> Physician practices
- <sub>3</sub> Nursing homes
- <sub>4</sub> Home health agencies

37. Does state-level public reporting relevant to this theme exist in this state?

- <sub>1</sub> Yes
- <sub>0</sub> No

***Knowledge and Information and Quality Improvement***

38. The following are statements related to knowledge and information and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Enough information exists for providers suggesting how they should improve, once they are motivated and link (or are helped to link) to this information .....	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>d</sub> <input type="checkbox"/>
b. Once motivated, providers tend to seek out and find good information on how to improve.....	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>d</sub> <input type="checkbox"/>
c. Providers have staff who are educated or otherwise qualified to support improvement efforts .....	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>d</sub> <input type="checkbox"/>
d. The limitations of provider information systems remain a large barrier to improvement .....	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>d</sub> <input type="checkbox"/>
e. Workforce turnover is a large barrier to improvement .....	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>d</sub> <input type="checkbox"/>

**If you responded “agree” or “strongly agree” to Question 38, item c, go to Question 39. Otherwise, go to Question 40.**

39. What types of providers are not so well educated or qualified to support improvement efforts?

- 1  Hospitals
- 2  Physician practices
- 3  Nursing homes
- 4  Home health agencies

**Poor Performers and Quality Improvement**

40. The following are statements about poor performance and quality improvement. For each statement, please indicate if you strongly agree, agree, disagree, or strongly disagree.

For each item, please attempt to answer thinking about your theme from a statewide perspective (that is, thinking about all providers in the state, not just those you have been working with).

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a. Poorly performing providers often have financial and management problems .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Poor performance on a particular measure is often associated with corporate chain managers who disagree with or do not believe in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Poor performance on a particular measure is often associated with physicians who <u>do not believe</u> in establishing care routines based on guidelines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

## SECTION VII: PARTICIPATING PROVIDERS' SELECTION PROCESS

41. Which of the following strategies did you use when you first began recruiting providers for work under this theme?

**MARK ALL THAT APPLY**

- <sup>1</sup> Standardized announcement to eligible providers from the QIO
  - <sup>2</sup> QIO initiated personalized contact with providers
  - <sup>3</sup> Provider associations or other organizations outside the QIO delivered announcement
  - <sup>4</sup> Joint announcement made by QIO and provider associations or other organizations outside the QIO
  - <sup>5</sup> Other (*Please specify*)
-

42. The following table contains characteristics of providers that you may have targeted when you first began recruitments. For each one, first indicate if the QIO targeted it in recruitment (Column A) and, if so, how successful the recruitment effort was (Column B).

If no specific characteristics were considered when targeting providers, check this box and go to Question 43.

Provider Characteristics among those Eligible to Participate	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a. No special characteristics sought – just any provider who was eligible..	1 <input type="checkbox"/>	NA	NA	NA
b. Providers who had past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Providers who did not have past experience working with the QIO ...	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Providers known to have the organizational capacity to improve .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providers above average on the targeted measures among eligible providers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Providers below average among eligible providers on the targeted measures .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Providers viewed as “early adopters” .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Providers viewed as leader organizations by their peers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Providers whose leadership had higher-than-average commitment to quality .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Providers with other special characteristics ( <i>Please specify</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

43. Which of these statements best describes the response you received from your initial recruitment efforts? Please consider both those who decided to participate and those who asked questions but ultimately decided not to participate.

- 1  More providers than needed expressed interest
- 2  About the right number of providers expressed interest
- 3  Too few providers expressed interest

44. Which of these statements best describes the level of effort needed to persuade enough of the right types of providers to commit to participate?

- 1  It took a lot of effort to secure enough providers
- 2  It took a moderate amount of effort to secure enough providers
- 3  It took only a little bit of effort to secure enough provider → **GO TO Q.46**

45. Please tell us what types of providers were the most difficult to persuade to participate?

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46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?

- 1  Yes
- 0  No → **GO TO Q.48**

47. How many providers lobbied the QIO for participation?

- 1  1 to 2
- 2  3 to 4
- 3  5 or more



48. What is the total number of participating providers at present?

\_\_\_\_\_ NUMBER

49. At the start of the effort, please estimate how many of the participating providers had:

	Number
a. Worked with the QIO on 3 or more projects over the prior 5 years? .....	_____
b. Worked with the QIO on at least 1 but not more than 3 projects in the prior 5 years? .....	_____
c. Not worked with the QIO before? .....	_____

50. Of those who began participating with the QIO, please indicate the percent that participated in the manner indicated below.

Manner of Participation	Percent of Participants
a. Participated actively throughout .....	_ _ _
b. Participated less over time .....	_ _ _
c. Intermittent participation .....	_ _ _
d. Never participated very actively .....	_ _ _
<b>TOTAL</b>	<b>100%</b>

51. Did the QIO exclude providers who expressed interest in participating, due to limited resources?

- <sup>1</sup> Yes, many providers who expressed interest had to be excluded
  - <sup>2</sup> Yes, a few providers who expressed interest had to be excluded
  - <sup>0</sup> No, no providers who expressed interest had to be excluded
- } **GO TO Q.52**
- **Thank you for completing this survey**

52. Approximately how many interested providers were excluded due to limited resources available through your 9th SOW contract?

\_\_\_\_ NUMBER OF PROVIDERS EXCLUDED

**Thank you for completing the QIO Theme Leader Survey**

Please return your completed survey to the following:

<u>Via mail:</u> Mathematica Policy Research c/o Sarah Croake Suite 550, 600 Maryland Ave., SW Washington, DC 20024	<u>Via fax:</u> Attn: Sarah Croake 202-863-1763 <u>Via email attachment:</u> <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>
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**APPENDIX D**

**PROJECT DESCRIPTION FOR ADVANCE MAILINGS**



**PROGRAM EVALUATION OF THE EIGHTH AND NINTH SCOPE OF WORK  
QUALITY IMPROVEMENT PROGRAM**

**Sponsoring Agency:** U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services

**Prime Contractor:** Mathematica Policy Research  
Contract #: HHSM-500-2005-00025I (0010)

**Other Organizations Participating:** Abt Associates Inc., Social & Scientific Systems, Inc.

**Project Synopsis:**

In August of 2008, Mathematica was selected by CMS to evaluate the 8th and 9th Scopes of Work of the Quality Improvement Program. As a part of this large evaluation effort, Mathematica is working to estimate the impact of the QIO Program on beneficiaries' quality of care, to identify the most effective methods, tools, and interventions for quality improvement, and to recommend program improvements.

The 9th SOW evaluation began in May 2009, and includes the collection of new data through surveys to providers and QIOs, and discussions with QIOs, partner staff and beneficiaries. More specifically, data collection includes:

- A national web-based survey of QIO Directors and Theme Leaders (summer/fall 2010)
- Telephone discussions with QIO Partners for the Care Transitions and Prevention – Chronic Kidney Disease themes (late 2010/early 2011)
- A national survey of hospitals and nursing homes (late 2010/early 2011)
- Week-long site visits to 12 states' QIOs, providers that worked with them, and community health leaders representing hospital, nursing home, and physician stakeholders (late 2010/early 2011)
- Four focus groups of beneficiaries who participated in the Prevention – Disparities theme by attending diabetes self-management education classes sponsored by the QIO (late 2010/early 2011)

The evaluation will include both descriptive and multivariate analyses, using both the new data collected by Mathematica, and secondary data reported by the QIOs. The evaluators have access to data already reported by QIOs to CMS, and will maximize use of this data to ensure efficiency. The progress and findings of the evaluation will be documented in quarterly reports beginning in July 2009, a mid-course report in December 2010 and will culminate in a final report in October 2011.

**Project Director and Key Staff:**

- Myles Maxfield, Ph.D, Vice President and Director of Health Research, MPR's Washington DC Office, Project Director - mmaxfield@mathematica-mpr.com or (202) 484-4682
- Arnold Chen, MD, Senior Clinician Researcher, Principal Investigator for Quantitative Analysis
- Suzanne Felt-Lisk, MPA, Senior Health Researcher, Principal Investigator for Qualitative Analysis

**APPENDIX E**  
**PROVIDER SURVEYS AND LETTERS**





**CMS LETTERHEAD**  
**ADVANCE LETTER EVALUATION OF THE 9TH QIO SOW**  
**SURVEY OF HOSPITAL QI DIRECTOR**

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Quality Improvement Organization (QIO) Program, which is a key component in CMS' efforts to improve the quality and efficiency of care for Medicare beneficiaries. The purpose of the study is to evaluate the program's effectiveness in helping hospitals to improve the quality of care for Medicare beneficiaries and to find ways to improve the program.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS. As part of this study, MPR will survey approximately 1,250 hospitals across the United States about their experiences with their local QIO and about other quality improvement efforts they may have undertaken.

Your participation in the survey is voluntary, but your participation is invaluable for the success of this important study. Your responses will help Medicare to improve the design and effectiveness of the QIO program and to ultimately improve care for Medicare beneficiaries. A telephone interviewer will be calling you to administer the survey; we anticipate the survey will take about 30 minutes to complete. Your answers will remain completely confidential at Mathematica. Neither your name nor your hospital's name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by mail, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Martha Kovac. If you would like to learn more about the QIO Program, please visit the CMS website at <http://www.cms.hhs.gov/QualityImprovementOrgs/>. If you would like more information about the study, please see the attached project description.

We look forward to including your valuable input in this study.

Sincerely,

CMS Privacy Officer

Enclosure

<p>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 xxx-XXX. The time required to complete this information collection is estimated to average 0.5 hours or 30 minutes per response, including the time to review instructions, search existing data resources, and 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.</p>
--



**CMS LETTERHEAD**  
**ADVANCE LETTER EVALUATION OF THE 9TH QIO SOW**  
**SURVEY OF NURSING HOME QI DIRECTOR**

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Quality Improvement Organization (QIO) Program, which is a key component in CMS' efforts to improve the quality and efficiency of care for Medicare beneficiaries. The purpose of the study is to evaluate the program's effectiveness in helping nursing homes to improve the quality of care for Medicare beneficiaries and to find ways to improve the program.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS. As part of this study, MPR will survey approximately 1,250 nursing homes across the United States about their experiences with their local QIO and about other quality improvement efforts they may have undertaken.

Your participation in the survey is voluntary, but your participation is invaluable for the success of this important study. Your responses will help Medicare to improve the design and effectiveness of the QIO program and to ultimately improve care for Medicare beneficiaries. A telephone interviewer will be calling you to administer the survey; we anticipate the survey will take about 20 minutes to complete. Your answers will remain completely confidential at Mathematica. Neither your name nor your nursing home's name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by mail, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Martha Kovac. If you would like to learn more about the QIO Program, please visit the CMS website at <http://www.cms.hhs.gov/QualityImprovementOrgs/>. If you would like more information about the study, please see the attached project description.

We look forward to including your valuable input in this study.

Sincerely,

CMS Privacy Officer

Enclosure

<p>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 xxx-XXX. The time required to complete this information collection is estimated to average 0.33 hours or 20 minutes per response, including the time to review instructions, search existing data resources, and 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.</p>
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Mathematica Reference No.: 06514.260

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**MATHEMATICA**  
Policy Research, Inc.

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**Ninth Scope of Work  
QIO Program  
Evaluation: Hospital  
Survey**

*Final Draft Questionnaire*

*January 5, 2010*

## A. INTRODUCTION

**INITIAL CONTACT WITH HOSPITAL:** Hello, may I please speak with [NAME OF CEO/The CEO/or Assistant to the CEO of your hospital]?

**IF YOU DON'T HAVE (HIS/HER) NAME,  
ASK FOR IT AND RECORD HERE:** \_\_\_\_\_

**IF NEEDED:** My name is \_\_\_\_\_ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS.

**IF ASKED WHY YOU ARE CALLING:** A short time ago, we sent [NAME OF CEO/the CEO or CEO's assistant] a letter from CMS requesting the hospital's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

**A1. WHEN SPEAKING WITH CEO/Assistant to the CEO:** Hello, [Dr./Mr./Ms.] [LAST NAME], my name is \_\_\_\_\_, and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. A short time ago, you should have received a letter from CMS requesting your hospital's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

**FOR PARTICIPATING HOSPITALS:** CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made. **FOR NON-PARTICIPATING HOSPITALS:** CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance even if they are not currently working with CMS programs on quality issues.

We would like to conduct a brief interview with the QI Director (or whoever is directly involved with quality improvement at the hospital). Would you please give me the name and contact information for this person?

YES ..... 1 → **GO TO A2**  
NO ..... 0 } **SET CALLBACK**  
DON'T KNOW ..... d }

**A2. RECORD NAME AND CONTACT INFORMATION FOR QI DIRECTOR.**

\_\_\_\_\_  
ENTER NAME OF QI DIRECTOR

ENTER TELEPHONE NUMBER: |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|  
Area Code

### A3. FOLLOW-UP INFORMATION:

**PURPOSE:**

**FOR PARTICIPATING HOSPITALS:** CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how well the QIOs are working to help hospitals improve quality and patient safety and what changes if any, need to be made.

**FOR NON-PARTICIPATING HOSPITALS:** CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance even if they are not currently working with CMS programs on quality issues.

**OR SAY:** It is critical that our study understand quality improvement processes and thinking in hospitals that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.

**CONFIDENTIALITY:** The information you provide will be kept strictly confidential, and used only for the purposes of contacting hospital staff to complete the questionnaire. All information collected during the interview will be kept strictly confidential. Only statistical totals will be reported. Neither your name, your staff's names, nor the hospital will be identified or publicly reported.

**SELECTION:** Your hospital was randomly selected from U.S. hospitals so as to support evaluation of CMS' Quality Improvement Program. Some were selected to represent participating hospitals that worked with QIOs and some were selected to represent hospitals that did not work with QIOs.

### A4. INTRODUCTION WITH QI DIRECTOR:

Hello, may I please speak with [NAME OF QI DIRECTOR]?

**IF NEEDED:** My name is \_\_\_\_\_ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS.

**IF ASKED WHY YOU ARE CALLING:** A short time ago, we sent [NAME OF CEO] a letter from CMS requesting the hospital's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.



**A5. WHEN SPEAKING WITH QI DIRECTOR:**

Hello, [Dr. /Mr. /Ms.] [LAST NAME], my name is \_\_\_\_\_, and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. We recently spoke with [NAME OF CEO], who gave us your name as someone directly involved with quality improvement at the hospital. We are conducting a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

**FOR PARTICIPATING HOSPITALS:** CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made. **FOR NON-PARTICIPATING HOSPITALS:** CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance from outside organizations even if they are not currently working with CMS programs on quality issues.

The survey interview takes roughly 30 minutes, depending upon your answers. I can conduct it now, or at any time that's convenient for you.

- START INTERVIEW NOW ..... 1 → **GO TO B1**
- NOT NOW, SET UP APPT/CALLBACK..... 2 → **SET APPT.**
- NEEDS MORE INFORMATION ..... 3 → **GO TO FU SCREEN**
- REFUSED ..... r → **REFUSAL**

## **FOLLOW-UP INFORMATION SCREEN:**

### **PURPOSE:**

**FOR PARTICIPATING HOSPITALS:** CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made.

**FOR NON-PARTICIPATING HOSPITALS:** CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance even if they are not currently working with CMS programs on quality issues.

**OR SAY:** It is critical that our study understand quality improvement processes and thinking in hospitals that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.

**CONFIDENTIALITY:** The information you provide will be kept strictly confidential. Only statistical totals will be reported. Neither your name nor the hospital name will be publicly reported.

**SELECTION:** Your hospital was randomly selected from U.S. hospitals so as to support evaluation of CMS' Quality Improvement Program. Some were selected to represent participating hospitals that worked with QIOs and some were selected to represent hospitals that did not work with QIOs.

**REFUSAL SCREEN:** Thank you for your time. Have a nice day.

**B. QIO INTERACTIONS**

The first few questions are about staff interactions with [NAME OF QIO].

B1. Is this hospital participating with [NAME OF QIO] on a quality improvement initiative related to any of the following topics... [READ DOWN LIST]

	YES	NO	DON'T KNOW	REFUSED
a. Surgical Care Infection Prevention?.....	1	0	d	r
b. Heart Failure? .....	1	0	d	r
c. Pressure Ulcers Reduction? .....	1	0	d	r
d. MRSA Infection Prevention and Transmission Reduction?.....	1	0	d	r
e. Care Transitions (Reducing Readmissions)?....	1	0	d	r
f. Any Other Topic? (SPECIFY) .....	1	0	d	r

\_\_\_\_\_

**[FOR EACH CATEGORY THAT RECEIVED A 'NO' RESPONSE, ASK B1aa AFTER YOU HAVE READ THROUGH THE ENTIRE LIST IN B1.]**

B1aa. Were you invited to participate with [NAME OF QIO] on a quality improvement initiative related to [TOPIC]?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO B2**

B1ab. Why did you choose **not** to participate with [NAME OF QIO] on a quality improvement initiative? **RECORD VERBATIM**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- DON'T KNOW ..... d
- REFUSED ..... r

B2. The next few questions ask about how often hospital staff may have met with [NAME OF QIO], either in-person or by telephone. Since August 2008, how many times have hospital personnel met with [NAME OF QIO] **in-person** at this hospital?

**PROBE:** Your best estimate is fine.

|\_|\_| TIMES

NONE ..... 0  
 DON'T KNOW ..... d  
 REFUSED ..... r

} **GO TO B3**

B2a. **[IF B2 = 2 OR MORE, DISPLAY “How often did...”; IF B2 = 1, DISPLAY “Did...”]**  
 (How often did/Did) the following people attend the meeting with [NAME OF QIO]  
**[READ ITEM]?**

**[IF B2 = 2 OR MORE, DISPLAY:** Would you say always, usually, sometimes, or never?**] [IF B2 = 1, DISPLAY ONLY CATEGORIES “ALWAYS” AND “NEVER”]**

	ALWAYS	USUALLY	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. Physician leaders for the clinical areas being discussed? .....	1	2	3	4	d	r
b. One or more members of senior hospital (“C-Suite”) leadership?.....	1	2	3	4	d	r
c. The quality improvement director? .....	1	2	3	4	d	r
d. Nursing leadership? .....	1	2	3	4	d	r
e. Any other leadership staff? (SPECIFY) .....	1	2	3	4	d	r
_____						
_____						
_____						

B3. Since August 2008, how many other in-person meetings have hospital personnel attended where [NAME OF QIO] was an active participant? Please include in-person meetings held inside and outside the hospital.

**PROBE:** Your best estimate is fine.

|\_|\_| TIMES

NONE ..... 0

DON'T KNOW ..... d

REFUSED ..... r

B4. Since August 2008, approximately how many times have hospital personnel met **by phone** with [NAME OF QIO]? Please do not include large conference calls.

**PROBE:** Your best estimate is fine.

|\_|\_| TIMES

NONE ..... 0

DON'T KNOW ..... d

REFUSED ..... r

B5. Since August 2008, how many other telephone conference calls or web-ex meetings have hospital personnel attended that [NAME OF QIO] convened?

**PROBE:** Your best estimate is fine.

|\_|\_| TIMES

NONE ..... 0

DON'T KNOW ..... d

REFUSED ..... r

**[IF B2 OR B3  $\neq$  1, GO TO B6. IF B2 AND B3 = 0, GO TO B12]**

B6. I'm going to read a list of reasons why you might have met with [NAME OF QIO] since August 2008. After each one, please tell me if this was a reason for (any of) the in-person or phone meeting(s) with [NAME OF QIO]. **[READ LIST]**

**[ROTATE ORDER OF LIST, BUT ALWAYS END WITH CATEGORY "n" LAST]**

	YES	NO	DON'T KNOW	REFUSED
a. Complaint or case review follow-up .....	1	0	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate .....	1	0	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort.....	1	0	d	r
d. To discuss this hospital's performance data .....	1	0	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this hospital's routine performance measurement .....	1	0	d	r
f. Hearing about best practices of other hospitals .....	1	0	d	r
g. To learn about a new tool or recommended process for quality improvement .....	1	0	d	r
h. Other staff development or training .....	1	0	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff.....	1	0	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS.....	1	0	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant.....	1	0	d	r
l. This hospital asked for and received some assistance or information from the QIO .....	1	0	d	r
m. To receive assistance regarding reporting of quality data for the Reporting of Hospital Quality Data for Annual Payment Update, or "RHQDAPU" .....	1	0	d	r
n. Any other reason? (SPECIFY) .....	1	0	d	r

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B7. Which of the following describe the aim(s) of the assistance you received?  
**[FOR THOSE WHO RESPOND 'YES' TO ANY ITEM IN B6]**

- IMPROVE OR ENSURE COMPLETENESS  
OF THE REPORTED DATA..... 1
- ADVISE ON ISSUES RELATED TO  
TRANSMISSION OF THE DATA ..... 2
- OTHER (SPECIFY) ..... 3

---

- DON'T KNOW ..... d
- REFUSED ..... r

B7a. How effective was this assistance in achieving its aim(s)?

- VERY EFFECTIVE ..... 1
- SOMEWHAT EFFECTIVE ..... 2
- NOT EFFECTIVE ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

B8. How valuable to the hospital was meeting (about) **[FILL EACH CATEGORY THAT RECEIVED A YES RESPONSE AT B6]**?

**[PROGRAM WILL LIST ALL 'YES' RESPONSES TO B6]**

**[READ ITEM]** Would you say it was very valuable, somewhat valuable, or not valuable?

**[IF 'VERY VALUABLE', 'SOMEWHAT VALUABLE', OR 'NOT VALUABLE' IS CHOSEN, ASK B9 OR B10 BEFORE MOVING ON TO NEXT ITEM]**

	VERY VALUABLE	SOMEWHAT VALUABLE	NOT VALUABLE	DON'T KNOW	REFUSED
a. Complaint or case review follow-up ...	1	2	3	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate.....	1	2	3	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort.....	1	2	3	d	r
d. To discuss this hospital's performance data .....	1	2	3	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this hospital's routine performance measurement....	1	2	3	d	r
f. Hearing about best practices of other hospitals .....	1	2	3	d	r
g. To learn about a new tool or recommended process for quality improvement .....	1	2	3	d	r
h. Other staff development or training....	1	2	3	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff .....	1	2	3	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS .....	1	2	3	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant.....	1	2	3	d	r
l. This hospital asked for and received some assistance or information from the QIO.....	1	2	3	d	r
m. Other reason (SPECIFY) .....	1	2	3	d	r



B9. [IF 'NOT VALUABLE' SELECTED AT B8, ASK B9 IMMEDIATELY AFTER B8:]  
Why were these meetings not valuable?

CODE ALL THAT APPLY

- THE MEETING MERELY FULFILLED AN OBLIGATION (SUCH AS COOPERATION WITH CASE REVIEWS)..... 1
- THIS HOSPITAL IS SO ADVANCED, THERE IS NOTHING WE CAN LEARN FROM [NAME OF QIO] ..... 2
- [NAME OF QIO] STAFF DID NOT HAVE ENOUGH EXPERTISE OF THE RIGHT TYPE..... 3
- [NAME OF QIO] STAFF WAS NOT WELL-PREPARED..... 4
- THE RIGHT PEOPLE WERE NOT AT THE MEETING ..... 5
- THE INFORMATION PROVIDED WAS NOT APPLICABLE TO THIS HOSPITAL'S SITUATION ..... 6
- THE MEETING WAS REDUNDANT WITH INFORMATION WE ALREADY HAD ..... 7
- PROGRESS AT THIS HOSPITAL ON THE MEETING TOPIC IS NOT FEASIBLE AT THIS TIME..... 8
- OTHER (SPECIFY) ..... 9

---

- DON'T KNOW ..... d
- REFUSED ..... r

B10. **[IF 'VERY VALUABLE' OR 'SOMEWHAT VALUABLE' SELECTED AT B8, ASK B10 IMMEDIATELY AFTER B8:]**

In what ways were these meetings valuable?

CODE ALL THAT APPLY

PROVIDED NEW, USEFUL INFORMATION ON HOW TO IMPROVE PERFORMANCE ..... 1

PROVIDED NEW, USEFUL INFORMATION ON ANOTHER TOPIC (SUCH AS QUALITY REPORTING, USE OF EHR).....2

INCREASED MOTIVATION TO IMPROVE FROM ONE OR MORE EXECUTIVES .....3

INCREASED MOTIVATION TO IMPROVE FROM KEY PHYSICIANS .....4

INCREASED MOTIVATION TO IMPROVE FROM OTHER KEY HOSPITAL STAFF .....5

OTHER (SPECIFY) .....6

\_\_\_\_\_ DON'T KNOW ..... d

REFUSED ..... r

B11. Did any of the meetings lead to changes at the hospital that ultimately improved patient care?

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

} **GO TO B12**

B11a. Did the changes contribute to improvements in any particular quality measure?

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

} **GO TO B12**

B11b. Please tell me which measures were improved.

**[READ LIST IF NEEDED]**

**SCIP (SURGICAL CARE INFECTION PREVENTION)**

Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period.....	1
Prophylactic antibiotic received on time—within one hour prior to surgical incision.....	2
Prophylactic antibiotic selection for surgical patients .....	3
Prophylactic antibiotics discontinued within 24 hours after surgery end time.....	4
Cardiac surgery patients with controlled 6 am postoperative serum glucose .....	5
Surgery patients with appropriate hair removal .....	6
Surgery patients with recommended VTE prophylaxis ordered .....	7
Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery .....	8

**HEART FAILURE**

Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge .....	9
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**PRESSURE ULCERS**

Incidence of pressure ulcers .....	10
------------------------------------	----

**MRSA**

MRSA-1 Infection rate .....	11
MRSA-2 Transmission rate .....	12
DON'T KNOW .....	d
REFUSED .....	r

B12. (In addition to meetings), did you receive other educational materials, tools, or quality improvement news from [NAME OF QIO]?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO B13**

B12a. Did you receive these items from . . .

CODE ALL THAT APPLY

- A newsletter, ..... 1
  - An email or listserv, ..... 2
  - At in-person meeting, ..... 3
  - At a teleconference or web-ex, ..... 4
  - Or some other way? (SPECIFY) ..... 5
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

B12b. Overall, how valuable were these educational materials and/or tools? Would you say . . .

- Very valuable, ..... 1
- Somewhat valuable, ..... 2
- Not very valuable, or ..... 3
- Not at all valuable? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

B12c. Did any of these educational materials or tools from [NAME OF QIO] thus far lead to changes at the hospital that ultimately improved patient care?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO B13**

B12d. Did the changes contribute to improvements in any particular quality measure?

YES .....	1	} <b>GO TO B13</b>
NO .....	0	
DON'T KNOW .....	d	
REFUSED .....	r	

B12e. Please tell me which measures were improved. **[READ LIST IF NEEDED]**

**SCIP (SURGICAL CARE INFECTION PREVENTION)**

Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period.....	1
Prophylactic antibiotic received on time—within one hour prior to surgical incision.....	2
Prophylactic antibiotic selection for surgical patients .....	3
Prophylactic antibiotics discontinued within 24 hours after surgery end time.....	4
Cardiac surgery patients with controlled 6 am postoperative serum glucose .....	5
Surgery patients with appropriate hair removal.....	6
Surgery patients with recommended VTE prophylaxis ordered.....	7
Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery .....	8

**HEART FAILURE**

Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge .....	9
---	---

**PRESSURE ULCERS**

Incidence of pressure ulcers .....	10
------------------------------------	----

**MRSA**

MRSA-1 Infection rate .....	11
MRSA-2 Transmission rate .....	12
DON'T KNOW .....	d
REFUSED .....	r

B13. Do you routinely receive data feedback from [NAME OF QIO] on this hospital's quality performance?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO B14**

B13a. How widely within the hospital do you typically share the feedback [NAME OF QIO] provides, or highlights that you derive from it? Is it . . .

CODE ONE ONLY

- Shared with a wide array of relevant physicians and staff, ..... 1
- Shared with a few key individuals, or ..... 2
- Rarely or never shared? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

B13b. Has the feedback from [NAME OF QIO] on this hospital's quality performance been important to the hospital's quality improvement efforts?

- YES ..... 1
- PERHAPS/MAYBE ..... 2
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

B14. Did this hospital complete a Hospital Leadership Quality Assessment Tool<sup>®</sup> survey?

**PROBE:** It is also known as the HLQAT ("HELLCAT") survey.

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO C1**

B15. Did the results help identify things that could be strengthened to better support quality improvements at the hospital?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

B16. Have any changes been made as a result of the survey or related follow-up that strengthened quality at the hospital?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO C1**

B16a. Would you consider these changes to be important or not very important?

- IMPORTANT ..... 1
- NOT VERY IMPORTANT ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

## C. OTHER QI INITIATIVES

### EXTERNAL INITIATIVES

The next questions are about quality improvement initiatives that involve **external** organizations.

- C1. Is this hospital part of or affiliated with a larger organization with central quality expertise and an array of quality initiatives that extend to owned or affiliated organizations?

YES, LARGER ORGANIZATION ..... 1  
YES, AFFILIATED ORGANIZATION..... 2  
NO ..... 0  
DON'T KNOW ..... d  
REFUSED ..... r

- C1a. To what extent are your hospital's quality improvement actions influenced by this (larger/affiliated organization)? Would you say to a large extent, a moderate extent, or a small or no extent?

LARGE EXTENT ..... 1  
MODERATE EXTENT ..... 2  
SMALL OR NO EXTENT ..... 3  
DON'T KNOW ..... d  
REFUSED ..... r

- C2. Setting aside any interactions with [NAME OF QIO] (and the (larger/affiliated) organization just discussed), is the hospital actively involved in any other quality improvement efforts involving outside organizations?

YES ..... 1  
NO ..... 0  
DON'T KNOW ..... d  
REFUSED ..... r

} **GO TO C3**



C2a. Please describe the nature of each of these initiatives and the sponsoring organization.  
**RECORD VERBATIM**

**PROBE FOR BOTH INITIATIVE AND SPONSOR.**

**PROBE:** Please do not include efforts where the hospital's participation is not active or that focus on quality reporting but not improvement.

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DON'T KNOW ..... d

REFUSED ..... r

**INTERNAL INITIATIVES**

Now I'd like to ask about **internal** quality improvement initiatives within the hospital.

C3. How many full-time equivalent staff are currently devoted to quality improvement in the hospital?

**PROBE:** For example, if the hospital has four staff who each devote a quarter time to quality improvement, then the number of full-time equivalent staff at the hospital is one.

**PROBE:** Your best estimate is fine.

|\_\_|\_\_| NUMBER OF FTE's

LESS THAN ONE (OR A FRACTION) ..... f

DON'T KNOW ..... d

REFUSED ..... r

C4. Since August 2008, please indicate if the hospital has had internal quality improvement efforts that have improved hospital performance on any of the following measures . . .  
**[READ DOWN LIST]**

	YES	NO	DON'T KNOW	REFUSED	NOT APPLICABLE
a. SCIP measures? .....	1	0	d	r	
<b>IF YES, ASK: Which ones? [IF NO, GO TO g]</b>					
Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period .....	1	0	d	r	
b. Prophylactic antibiotic received on time—within one hour prior to surgical incision .....	1	0	d	r	
c. Prophylactic antibiotic selection for surgical patients.....	1	0	d	r	
d. Prophylactic antibiotics discontinued within 24 hours after surgery end time .....	1	0	d	r	
e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose.....	1	0	d	r	n
f. Surgery patients with appropriate hair removal .....	1	0	d	r	
g. VTE prophylaxis measures? .....	1	0	d	r	
<b>IF YES, ASK: Which ones? [IF NO, GO TO i]</b>					
Surgery patients with recommended VTE prophylaxis ordered.....	1	0	d	r	
h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery .....	1	0	d	r	
i. Heart failure patients prescribed ACEI/ARB at discharge?.....	1	0	d	r	
(heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge).....	1	0	d	r	
j. Incidence of pressure ulcers .....	1	0	d	r	
k. MRSA-1 Infection rate.....	1	0	d	r	
l. MRSA-2 Transmission rate .....	1	0	d	r	

C5. Has the hospital undertaken an analysis on any of the measures to identify the reasons why the relevant guideline sometimes is not followed, or why the undesirable outcome sometimes occurs?

- YES ..... 1
  - NO ..... 0
  - NOT APPLICABLE – PERFORMANCE IS 100% RELIABLE..... n
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO C7**

C5a. For which measures has the hospital undertaken an analysis? **[READ LIST IF NECESSARY]**

**[PROGRAM WILL LIST ALL ‘YES’ RESPONSES FROM C4]**

**PROBE: IF RESPONDENT SAYS “SCIP MEASURES,” ASK: “Which ones?”**

	<b>ANALYSIS</b>
A. SURGERY PATIENTS ON A BETA BLOCKER PRIOR TO ARRIVAL WHO RECEIVED A BETA BLOCKER DURING THE PERIOPERATIVE PERIOD .....	1
B. PROPHYLACTIC ANTIBIOTIC RECEIVED ON TIME—WITHIN ONE HOUR PRIOR TO SURGICAL INCISION.....	2
C. PROPHYLACTIC ANTIBIOTIC SELECTION FOR SURGICAL PATIENTS.....	3
D. PROPHYLACTIC ANTIBIOTICS DISCONTINUED WITHIN 24 HOURS AFTER SURGERY END TIME .....	4
E. CARDIAC SURGERY PATIENTS WITH CONTROLLED 6 AM POSTOPERATIVE SERUM GLUCOSE .....	5
F. SURGERY PATIENTS WITH APPROPRIATE HAIR REMOVAL.....	6
G. SURGERY PATIENTS WITH RECOMMENDED VTE PROPHYLAXIS ORDERED .....	7
H. SURGERY PATIENTS WHO RECEIVED APPROPRIATE VTE PROPHYLAXIS WITHIN 24 HOURS PRIOR TO SURGERY TO 24 HOURS AFTER SURGERY.....	8
I. HEART FAILURE PATIENTS WITH LEFT VENTRICULAR SYSTOLIC DYSFUNCTION WITHOUT ACEI AND ARB CONTRAINDICATIONS WHO ARE PRESCRIBED ACEI/ARB AT DISCHARGE.....	9
J. INCIDENCE OF PRESSURE ULCERS.....	10
K. MRSA-1 INFECTION RATE.....	11
L. MRSA-2 TRANSMISSION RATE.....	12

C5b. **[FOR EACH 'YES' RESPONSE AT C4, ASK:]**  
 What type(s) of effort(s) has the hospital undertaken to improve on **[ITEM FROM C4]**  
**[If respondents report the same efforts for multiple measures, use code 13]?**

CODE ALL THAT APPLY

- AN IMPROVEMENT TEAM USED A  
 PLAN-DO-STUDY-ACT (OR SIMILAR)  
 TECHNIQUE ..... 1
  - USED SIX SIGMA ..... 2
  - USED LEAN PROCESS ..... 3
  - ADJUSTED ELECTRONIC HEALTH RECORD  
 OR OTHER ELECTRONIC SYSTEM TO  
 INCLUDE AND DISPLAY KEY INFORMATION  
 IN A SEARCHABLE FIELD ..... 4
  - IMPLEMENTED A CHECKLIST ..... 5
  - ESTABLISHED A PROTOCOL THAT IS  
 USED ROUTINELY ..... 6
  - CHANGED WHO IS RESPONSIBLE FOR  
 KEY TASKS RELATED TO THE MEASURE ..... 7
  - CHANGED ANOTHER ASPECT OF THE  
 PROCESS (BUT NOT THROUGH A  
 FORMAL PROTOCOL) ..... 8
  - DEPARTMENT HEADS OR OTHER KEY  
 PHYSICIANS MET WITH OTHER  
 PHYSICIANS TO GAIN THEIR BUY-IN TO  
 IMPROVEMENT ..... 9
  - PRODUCED AND SHARED  
 PHYSICIAN-SPECIFIC DATA  
 ON THE MEASURE ..... 10
  - PERFORMED CONCURRENT CHART  
 REVIEWS TO IDENTIFY FAILING  
 CASES FOR FOLLOW-UP ..... 11
  - OTHER (SPECIFY) ..... 12
- 
- SAME EFFORTS AS FOR PREVIOUS  
 MEASURE ..... 13
  - DON'T KNOW ..... d
  - REFUSED ..... r

C6. To what extent have you had both the leadership support and resources you needed to accomplish the improvements you sought on these measures?

On improvements for **[READ ITEM]**, would you say you had all the leadership support and resources you needed, somewhat less than you needed, or a lot less than you needed?

**[PROGRAM WILL DISPLAY FOR EACH 'YES' RESPONSE TO C4]**

	ALL THE LEADERSHIP SUPPORT AND RESOURCES YOU NEEDED	SOMEWHAT LESS THAN YOU NEEDED	A LOT LESS THAN YOU NEEDED	DON'T KNOW	REFUSED
<b>SCIP MEASURES</b>					
a. Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period.....	1	2	3	d	r
b. Prophylactic antibiotic received on time—within one hour prior to surgical incision .....	1	2	3	d	r
c. Prophylactic antibiotic selection for surgical patients.....	1	2	3	d	r
d. Prophylactic antibiotics discontinued within 24 hours after surgery end time .....	1	2	3	d	r
e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose .....	1	2	3	d	r
f. Surgery patients with appropriate hair removal.....	1	2	3	d	r
<b>VTE PROPHYLAXIS MEASURES</b>					
g. Surgery patients with recommended VTE prophylaxis ordered .....	1	2	3	d	r
h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery.....	1	2	3	d	r
<b>HEART FAILURE MEASURE</b>					
i. Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge .....	1	2	3	d	r
j. Incidence of pressure ulcers.....	1	2	3	d	r
k. MRSA-1 Infection rate .....	1	2	3	d	r
l. MRSA-2 Transmission rate .....	1	2	3	d	r

C7. Does the hospital provide physicians with physician-level data for any of the SCIP, heart failure or MRSA measures?

**IF YES, ASK:** Which ones? [PROGRAM WILL LIST ALL ‘YES’ RESPONSES FROM C4] [READ LIST IF NECESSARY]

**IF NO, GO TO C8**

	YES	NO	DON'T KNOW	REFUSED
<b>SCIP MEASURES</b>				
a. Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period.....	1	0	d	r
b. Prophylactic antibiotic received on time—within one hour prior to surgical incision.....	1	0	d	r
c. Prophylactic antibiotic selection for surgical patients ....	1	0	d	r
d. Prophylactic antibiotics discontinued within 24 hours after surgery end time.....	1	0	d	r
e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose.....	1	0	d	r
f. Surgery patients with appropriate hair removal.....	1	0	d	r
<b>VTE PROPHYLAXIS MEASURES</b>				
g. Surgery patients with recommended VTE prophylaxis ordered .....	1	0	d	r
h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery .....	1	0	d	r
<b>HEART FAILURE MEASURE</b>				
i. Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge .....	1	0	d	r
j. Incidence of pressure ulcers.....	1	0	d	r
k. MRSA-1 Infection rate .....	1	0	d	r
l. MRSA-2 Transmission rate .....	1	0	d	r

C8. In general, how well do the hospital's electronic health record or other information systems support measurement on the SCIP, heart failure, and MRSA measures?

Would you say very well, somewhat well, not very well, or not at all well?

- VERY WELL ..... 1
- SOMEWHAT WELL ..... 2
- NOT VERY WELL ..... 3
- NOT AT ALL WELL ..... 4

C8a. Are there any specific measures where the hospital's information systems support the measure well?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO C9**

C8b. Which ones?

**[PROGRAM WILL LIST FOR EACH 'YES' RESPONSE TO C4]**

**HOSPITAL INFORMATION  
SYSTEM SUPPORTS  
MEASURES WELL**

(CHECK ALL THAT APPLY)

**SCIP MEASURES**

- a. Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period ..... 1
- b. Prophylactic antibiotic received on time—within one hour prior to surgical incision..... 1
- c. Prophylactic antibiotic selection for surgical patients ..... 1
- d. Prophylactic antibiotics discontinued within 24 hours after surgery end time ..... 1
- e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose ..... 1
- f. Surgery patients with appropriate hair removal..... 1

**VTE PROPHYLAXIS MEASURES**

- g. Surgery patients with recommended VTE prophylaxis ordered..... 1
- h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery ..... 1

**HEART FAILURE MEASURE**

- i. Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge..... 1
- j. Incidence of pressure ulcers ..... 1
- k. MRSA-1 Infection rate..... 1
- l. MRSA-2 Transmission rate ..... 1





C10. Is this hospital potentially interested in future technical assistance sponsored by CMS to help reduce any remaining barriers and thereby boost its performance?

- YES ..... 1
  - PERHAPS/MAYBE ..... 2
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO C11b**

C11a. What would be the two most important topics on which this hospital would like additional support?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

**GO TO C12**

C11b. Please tell us if any of the following are reasons why you would not be interested in future technical assistance to boost the hospital's performance.

- Hospital already has plans to use supporting initiatives or organizations that should be sufficient ..... 1
- No assistance from external organizations is needed—just internal work ..... 2
- Existing outside organizations lack the necessary expertise ..... 3
- Hospital has other more important priorities ..... 4
- Hospital lacks staff resources to participate in any more improvement initiatives ..... 5
- Other (SPECIFY) ..... 6
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

**IMPORTANT SOURCES OF QI INFORMATION**

C12. The last few questions are about sources of information that may have improved the quality of care at this hospital.

Do you believe the quality of care at this hospital in one or more clinical areas is better this year than last year?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO END**

C13. In addition to your own experience and data, what were the three most important sources of information that have helped your hospital improve its quality of care over the past year?

CODE UP TO THREE

- DIRECT SHARING OF EXPERIENCES AND BEST PRACTICES AMONG HOSPITALS..... 1
  - IHI WEBSITE..... 2
  - OTHER WEBSITES VISITED ROUTINELY..... 3
  - USE OF SEARCH ENGINES TO IDENTIFY RELEVANT MATERIAL ON THE WEB..... 4
  - CONFERENCE OR MEETING MATERIALS ..... 5
  - WEBINARS OR TELECONFERENCE PRESENTATIONS ..... 6
  - MEETING WITH CONSULTANTS ..... 7
  - OTHER (SPECIFY)..... 8
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

**[IF C13=1]**

C13a. You mentioned direct sharing of experiences and best practices as one of three most important sources of information that have helped your hospital. Who facilitated the sharing? Was it . . .

- The hospital association, ..... 1
- [NAME OF QIO], or ..... 2
- Another organization? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

**[IF C13=3]**

C13b. You mentioned other websites that were visited routinely as one of three most important sources of information that have helped your hospital. What are those websites? **RECORD VERBATIM**

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- DON'T KNOW ..... d
- REFUSED ..... r

**[IF C13=5]**

C13c. You mentioned conferences or meeting materials as one of the three most important sources of information that have helped your hospital. Who sponsored the conference or provided the meeting materials? Was it . . .

- IHI, ..... 1
- The hospital association, ..... 2
- [NAME OF QIO], or ..... 3
- Another organization? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

**[IF C13=6]**

C13d. You mentioned webinars or teleconference presentations as one of the three most important sources of information that have helped your hospital. Who sponsored the webinar or teleconference? Was it . . .

- IHI,..... 1
- The hospital association,..... 2
- [NAME OF QIO], or ..... 3
- Another organization? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

END. Those are all the questions I have. Do you have any final comments you'd like to share?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO THANK**

**RECORD VERBATIM**

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THANK. Thank you very much for participating in this survey, and taking the time to speak with me. Have a great (day/evening).

Mathematica Reference No.: 06514.260

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**MATHEMATICA**  
Policy Research, Inc.

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**Ninth Scope of Work  
QIO Program  
Evaluation: Nursing  
Home Survey**

*Final Draft Questionnaire*

*January 5, 2010*

## A. INTRODUCTION

- A1. INITIAL CONTACT WITH NURSING HOME:** Hello, may I please speak with [NAME OF ADMINISTRATOR/The administrator of the nursing home]?

**IF YOU DON'T HAVE (HIS/HER) NAME, ASK FOR IT.**

**RECORD NAME AND CONTACT INFORMATION FOR ADMINISTRATOR.**

\_\_\_\_\_  
NAME OF NURSING HOME ADMINISTRATOR

**IF NEEDED:** My name is \_\_\_\_\_ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS.

**IF ASKED WHY YOU ARE CALLING:** A short time ago, we sent [NAME OF ADMINISTRATOR/the administrator] a letter from CMS requesting the nursing home's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

We would like to conduct a brief interview with the QI Director (or whoever is directly involved with quality improvement at the nursing home). Would you please give me the name and contact information for this person?

**IF ADMINISTRATOR IS UNAVAILABLE, BUT YOU ARE SPEAKING WITH (HIS/HER) SECRETARY OR ASSISTANT.**

- A1a.** My name is \_\_\_\_\_ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. A short time ago, we sent [NAME OF ADMINISTRATOR] a letter from CMS requesting the nursing home's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

We would like to conduct a brief interview with the QI director, director of nursing, or whoever is directly involved with quality improvement at the nursing home. I was hoping to speak with the director to obtain the name and contact information for this person. Since (he/she) is unavailable, would you be able to give me the name and contact information of the QI director or director of nursing?

CAN TALK NOW ..... 1 → **GO TO A2**  
SET CALLBACK..... 0 } **SET CALLBACK**  
DON'T KNOW ..... d }

**A2. RECORD NAME AND CONTACT INFORMATION FOR QI/NURSING DIRECTOR.**

\_\_\_\_\_  
ENTER NAME OF QI OR NURSING DIRECTOR

ENTER TELEPHONE NUMBER: |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|\_|\_|  
Area Code

**A2a. WHEN SPEAKING WITH QI/NURSING DIRECTOR:** Hello, [Dr./Mr./Ms.] [LAST NAME], my name is \_\_\_\_\_, and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. A short time ago, you should have received a letter from CMS requesting your nursing home's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

Your nursing home's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made. **[FOR NON-PARTICIPATING NURSING HOMES:** It is critical that our study understand quality improvement processes and thinking in nursing homes that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.]

We would like to conduct a brief interview with you (or whoever is directly involved with quality improvement at your nursing home). The survey interview takes roughly 28 minutes, depending upon your answers. I can conduct it now, or at any time that's convenient for you.

- START INTERVIEW NOW ..... 1 → **GO TO B1**
- NOT NOW, SET UP APPT/CALLBACK..... 2 → **SET APPT.**
- NEEDS MORE INFORMATION ..... 3 → **GO TO A2b**
- REFUSED ..... r → **REFUSAL**



## **A2b. FOLLOW-UP INFORMATION**

**PURPOSE:** CMS is interested in learning about the experience of nursing homes involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your nursing home's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made.

**[FOR NON-PARTICIPATING NURSING HOMES:** It is critical that our study understand quality improvement processes and thinking in nursing homes that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.]

**CONFIDENTIALITY:** The information you provide will be kept strictly confidential. Only statistical totals will be reported. Neither your name nor the nursing home name will be publicly reported.

**SELECTION:** Your nursing home was randomly selected from U.S. nursing homes eligible for the study. Some were selected to represent participating nursing homes that worked with QIOs and some were selected to represent nursing homes that did not work with QIOs.

**REFUSAL SCREEN:** Thank you for your time. Have a nice day. END CALL.

## B. QIO INTERACTIONS

The first few questions are about staff interactions with [NAME OF QIO].

B1. Is this nursing home participating with [NAME OF QIO] on a quality improvement initiative related to any of the following topics . . . **[READ DOWN LIST]**

	YES	NO	DON'T KNOW	REFUSED
a. Physical restraint use .....	1	0	d	r
b. Pressure ulcer reduction .....	1	0	d	r
c. Reducing re-hospitalizations .....	1	0	d	r
d. General assistance improving quality .....	1	0	d	r
e. Any other topic? (SPECIFY) .....	1	0	d	r

**[FOR EACH CATEGORY THAT RECEIVED A 'NO' RESPONSE, ASK B1aa AFTER YOU HAVE READ THROUGH THE ENTIRE LIST IN B1.]**

B1aa. Were you invited to participate with [NAME OF QIO] on a quality improvement initiative related to [TOPIC]?

YES .....	1	}	<b>GO TO B2</b>
NO .....	0		
DON'T KNOW .....	d		
REFUSED .....	r		

B1ab. Why did you choose **not** to participate with [NAME OF QIO] on a quality improvement initiative? **RECORD VERBATIM**

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DON'T KNOW ..... d  
 REFUSED ..... r

B2. The next few questions ask about how often nursing home staff may have met with [NAME OF QIO], either in-person or by telephone. Since August 2008, how many times have nursing home personnel met with [NAME OF QIO] **in-person** at this nursing home?

**PROBE:** Please do not include telephone conference calls or web-ex meetings.

\_\_\_\_ TIMES

NONE ..... 0  
 DON'T KNOW ..... d  
 REFUSED ..... r

} **GO TO B3**

Bracket grouping No, Don't Know, and Refused responses and pointing to.

**[IF B2 = 2 OR MORE, DISPLAY “How often did...”; IF B2 = 1, DISPLAY “Did...”]**

B2a. (How often did/Did) the following people attend the meeting with [NAME OF QIO]?  
**[READ ITEM]**

**[IF B2 = 2 OR MORE, DISPLAY: Would you say always, usually, sometimes, or never?] [IF B2 = 1, DISPLAY ONLY CATEGORIES “ALWAYS” AND “NEVER”]**

	ALWAYS	USUALLY	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. The administrator .....	1	2	3	4	d	r
b. The director of nursing .....	1	2	3	4	d	r
c. The medical director.....	1	2	3	4	d	r
d. The quality improvement coordinator .....	1	2	3	4	d	r
e. The staff developer .....	1	2	3	4	d	r
f. Any other staff? (SPECIFY) .....	1	2	3	4	d	r

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B3. Since August 2008, how many other in-person meetings have nursing home personnel attended where [NAME OF QIO] was an active participant? Please include in-person meetings held inside and outside the nursing home.

\_\_\_\_ TIMES

NONE ..... 0  
 DON'T KNOW ..... d  
 REFUSED ..... r

B4. Since August 2008, approximately how many times have nursing home personnel met **by phone** with [NAME OF QIO]? Please do not include large conference calls.

|\_|\_| TIMES

NONE ..... 0

DON'T KNOW ..... d

REFUSED ..... r

B5. Since August 2008, how many other telephone conference calls or web-ex meetings have nursing home personnel attended that [NAME OF QIO] convened?

|\_|\_| TIMES

NONE ..... 0

DON'T KNOW ..... d

REFUSED ..... r

**[IF B2 OR B3 = OR >1, GO TO B6. IF B2 AND B3 = 0, GO TO B12]**

B6. I'm going to read a list of reasons why you might have met with [NAME OF QIO] since August 2008. After each one, please tell me if this was a reason for (any of) the in-person or phone meeting(s) with [NAME OF QIO]. **[READ LIST]**

**[ROTATE ORDER OF LIST, BUT ALWAYS END WITH CATEGORY "L" LAST]**

	YES	NO	DON'T KNOW	REFUSED
a. Self-referral to [NAME OF QIO] .....	1	0	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate .....	1	0	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort .....	1	0	d	r
d. To discuss this nursing home's performance data.....	1	0	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this nursing home's quality measures .....	1	0	d	r
f. Hearing about best practices of other nursing homes.	1	0	d	r
g. To learn about a new tool or recommended process for quality improvement.....	1	0	d	r
h. Other staff development or training.....	1	0	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff....	1	0	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS.....	1	0	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant .....	1	0	d	r
l. Some other reason? (SPECIFY).....	1	0	d	r

---

B7. Which of the following describe the aim(s) of the assistance you received?  
**[FOR THOSE WHO RESPOND 'YES' TO ANY ITEM IN B6]**

- IMPROVE OR ENSURE COMPLETENESS OF THE REPORTED DATA..... 1
- ADVISE ON ISSUES RELATED TO TRANSMISSION OF THE DATA ..... 2
- OTHER (SPECIFY) ..... 3

---

- DON'T KNOW ..... d
- REFUSED ..... r

B7a. How effective was this assistance in achieving its aim(s)?

- VERY EFFECTIVE ..... 1
- SOMEWHAT EFFECTIVE ..... 2
- NOT EFFECTIVE ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

B8. How valuable to the nursing home were each of these types of meetings?

**[PROGRAM WILL LIST ALL ‘YES’ RESPONSES TO B6.]**

**[READ ITEM]** Would you say it was very valuable, somewhat valuable, or not valuable?

**[IF ‘VERY VALUABLE’, ‘SOMEWHAT VALUABLE’, OR ‘NOT VALUABLE’ IS CHOSEN, ASK B9 OR B10 BEFORE MOVING ON TO NEXT ITEM.]**

	VERY VALUABLE	SOMEWHAT VALUABLE	NOT VALUABLE	DON'T KNOW	REFUSED
a. Self-referral to [NAME OF QIO] .....	1	2	3	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate.....	1	2	3	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort.....	1	2	3	d	r
d. To discuss this nursing home's performance data .....	1	2	3	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this nursing home's quality measures .....	1	2	3	d	r
f. Hearing about best practices of other nursing homes.....	1	2	3	d	r
g. To learn about a new tool or recommended process for quality improvement .....	1	2	3	d	r
h. Other staff development or training....	1	2	3	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff .....	1	2	3	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS .....	1	2	3	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant.....	1	2	3	d	r
l. Other reason (SPECIFY) .....	1	2	3	d	r

B9. **[IF 'NOT VALUABLE' SELECTED AT B8, ASK B9 IMMEDIATELY AFTER B8:]**  
Why were these meetings not valuable?

CODE ALL THAT APPLY

- THE MEETING MERELY FULFILLED AN OBLIGATION (SUCH AS GUIDANCE OR DIRECTION FROM THE STATE SURVEY AGENCY) ..... 1
- THIS NURSING HOME IS SO ADVANCED, THERE IS NOTHING WE CAN LEARN FROM [NAME OF QIO]..... 2
- [NAME OF QIO] STAFF DID NOT HAVE ENOUGH EXPERTISE OF THE RIGHT TYPE..... 3
- [NAME OF QIO] STAFF WAS NOT WELL-PREPARED..... 4
- THE RIGHT PEOPLE WERE NOT AT THE MEETING ..... 5
- THE INFORMATION PROVIDED WAS NOT APPLICABLE TO THIS NURSING HOME'S SITUATION ..... 6
- THE MEETING WAS REDUNDANT WITH INFORMATION WE ALREADY HAD ..... 7
- PROGRESS AT THIS NURSING HOME ON THE MEETING TOPIC IS NOT FEASIBLE AT THIS TIME ..... 8
- OTHER (SPECIFY) ..... 9

---

- DON'T KNOW ..... d
- REFUSED ..... r



B10. **[IF 'VERY VALUABLE' OR 'SOMEWHAT VALUABLE' SELECTED AT B8, ASK B10 IMMEDIATELY AFTER B8:]**

In what ways were these meetings valuable?

CODE ALL THAT APPLY

PROVIDED NEW, USEFUL INFORMATION ON HOW TO IMPROVE PERFORMANCE ..... 1

PROVIDED NEW, USEFUL INFORMATION ON ANOTHER TOPIC (SUCH AS QUALITY REPORTING, USE OF EHR) ..... 2

INCREASED MOTIVATION TO IMPROVE FROM ONE OR MORE EXECUTIVE LEADERS..... 3

INCREASED MOTIVATION TO IMPROVE FROM MEDICAL DIRECTOR ..... 4

INCREASED MOTIVATION TO IMPROVE FROM KEY NURSING STAFF ..... 5

OTHER (SPECIFY) ..... 6

\_\_\_\_\_ DON'T KNOW ..... d

REFUSED ..... r

B11. Did any of the meetings lead to changes at the nursing home that ultimately improved resident care?

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

} **GO TO B12**

B11a. Did the changes contribute to improvements in any particular quality measure?

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

} **GO TO B12**

B11b. Please tell me which measures were improved at least partly due to help from [NAME OF QIO].

**[READ LIST IF NEEDED]**

CODE ALL THAT APPLY

- PHYSICAL RESTRAINT USE ..... 1
- PRESSURE ULCER RATES ..... 2
- RATE OF RE-HOSPITALIZATIONS ..... 3
- OTHER (SPECIFY) ..... 4

---

- DON'T KNOW ..... d
- REFUSED ..... r

B12. (In addition to meetings), did you receive other educational materials, tools, or quality improvement news from [NAME OF QIO]?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO B13**

B12a. Did you receive these items from . . .

CODE ALL THAT APPLY

- A newsletter, ..... 1
- An email or listserv, ..... 2
- At an in-person meeting, ..... 3
- At a teleconference or web-ex, ..... 4
- Or some other way? (SPECIFY) ..... 5

---

- DON'T KNOW ..... d
- REFUSED ..... r

B12b. Overall, how valuable were these educational materials and/or tools? Would you say . . .

- Very valuable,..... 1
- Somewhat valuable, ..... 2
- Not very valuable, or ..... 3
- Not at all valuable? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

B12c. Did any of these educational materials or tools from [NAME OF QIO] thus far lead to changes at the nursing home that ultimately improved resident care?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO B13**

B12d. Did the changes contribute to improvements in any particular quality measure?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO B13**

B12e. Please tell me which measures were improved at least in part due to changes that stemmed from the educational materials or tools from [NAME OF QIO].

**[READ LIST IF NEEDED]**

CODE ALL THAT APPLY

- PHYSICAL RESTRAINT USE ..... 1
- PRESSURE ULCER RATES ..... 2
- RATE OF RE-HOSPITALIZATIONS ..... 3
- OTHER (SPECIFY) ..... 4

---

- DON'T KNOW ..... d
- REFUSED ..... r

B13. Do you routinely receive data feedback from [NAME OF QIO] on this nursing home's quality performance?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } **GO TO C1**

B13a. How widely within the nursing home do you typically share the feedback [NAME OF QIO] provides, or highlights that you derive from it? Is it . . .

CODE ONE ONLY

- Shared with a wide array of relevant nursing and direct care staff, ..... 1
- Shared with a few key individuals, or ..... 2
- Rarely or never shared? ..... 3
- DON'T KNOW ..... d
- REFUSED ..... r

B13b. Has the feedback from [NAME OF QIO] been important to the nursing home's quality improvement efforts?

- YES ..... 1
- PERHAPS/MAYBE ..... 2
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

## C. OTHER QI INITIATIVES

### EXTERNAL INITIATIVES

The next questions are about quality improvement initiatives that involve **external** organizations.

- C1. Is this nursing home part of a corporate chain or otherwise-affiliated group of nursing home providers?

YES, CORPORATE CHAIN .....	1	
YES, AFFILIATED GROUP .....	2	
NO .....	0	} <b>GO TO C2</b>
DON'T KNOW .....	d	
REFUSED .....	r	

- C1a. To what extent are your nursing home's quality improvement actions influenced by this (larger corporate chain/affiliated group) of nursing homes? Would you say to a large extent, a moderate extent, or a small or no extent?

LARGE EXTENT .....	1
MODERATE EXTENT .....	2
SMALL OR NO EXTENT .....	3
DON'T KNOW .....	d
REFUSED .....	r

- C2. Setting aside any interactions with [NAME OF QIO] (and the (larger corporate chain/affiliation) just discussed), is your nursing home actively involved in any other quality improvement efforts involving outside organizations?

YES .....	1	
NO .....	0	} <b>GO TO C3</b>
DON'T KNOW .....	d	
REFUSED .....	r	

C2a. Is your nursing home involved with any of the following?

CODE ALL THAT APPLY

- The Advancing Excellence in Nursing Homes Campaign ..... 1
  - The Pressure Ulcer Collaborative..... 2
  - State-initiated quality improvement projects on pressure ulcer reduction, restraint use, or other issues..... 3
  - Any other quality improvement effort with an outside organization? (SPECIFY)..... 4
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

**INTERNAL INITIATIVES**

Now I'd like to ask about **internal** quality improvement initiatives within the nursing home.

C3. How many full-time equivalent staff are currently devoted to quality improvement in the nursing home?

**PROBE:** For example, if the nursing home has four staff who each devote a quarter time to quality improvement, then the number of full-time equivalent staff at the nursing home is one.

**PROBE:** Your best estimate is fine.

- |\_\_|\_\_| NUMBER OF FTE's
- LESS THAN ONE (OR A FRACTION) ..... f
- DON'T KNOW ..... d
- REFUSED ..... r

C4. Since August 2008, please indicate if the nursing home has had internal quality improvement efforts that have improved nursing home performance on any of the following measures. **[READ DOWN LIST]**

	YES	NO	DON'T KNOW	REFUSED
a. Physical restraint use .....	1	0	d	r
b. Pressure ulcers .....	1	0	d	r
c. Influenza (flu) vaccination .....	1	0	d	r
d. Pneumococcal vaccination.....	1	0	d	r
e. Urinary tract infection .....	1	0	d	r
f. Urinary catheter use.....	1	0	d	r
g. Depression or anxiety .....	1	0	d	r
h. Moderate to severe pain .....	1	0	d	r
i. Patient mobility.....	1	0	d	r
j. Weight loss.....	1	0	d	r
k. Help with daily activity .....	1	0	d	r
l. Any other measure? (SPECIFY) .....	1	0	d	r

**[IF C4a THROUGH C4l ALL EQUAL 'NO,' GO TO C7. ELSE GO TO C5]**

C5. Has the nursing home performed an analysis on any of the measures to identify the reasons why the relevant guideline sometimes is not followed, or why the undesirable outcome sometimes occurs?

YES .....	1	} <b>GO TO C7</b>
NO .....	0	
NOT APPLICABLE – PERFORMANCE IS 100% RELIABLE.....	2	
DON'T KNOW .....	d	
REFUSED .....	r	

C5a. For which measures has the nursing home performed an analysis?

**[READ LIST IF NECESSARY]**

**[PROGRAM WILL LIST ALL 'YES' RESPONSES FROM C3a]**

PHYSICAL RESTRAINT USE .....	1
PRESSURE ULCER RATES .....	2
INFLUENZA (FLU) VACCINATION RATES.....	3
PNEUMOCOCCAL VACCINATION RATES .....	4
URINARY TRACT INFECTION RATES.....	5
URINARY CATHETER USE.....	6
DEPRESSION OR ANXIETY RATES .....	7
MODERATE TO SEVERE PAIN RATES .....	8
PATIENT MOBILITY RATES .....	9
WEIGHT LOSS RATES.....	10
DAILY ACTIVITY RATES .....	11
OTHER (SPECIFY) .....	12
<hr/>	
DON'T KNOW .....	d
REFUSED .....	r



C5b. **[FOR EACH 'YES' RESPONSE AT C4, ASK:]**  
 What type(s) of effort(s) has the nursing home undertaken to improve on **[ITEM FROM C4]** **[If respondents report the same efforts for multiple measures, use code 10]?**

CODE ALL THAT APPLY

- AN IMPROVEMENT TEAM USED A PLAN-DO-STUDY-ACT (OR SIMILAR) TECHNIQUE ..... 1
  - ADJUSTED ELECTRONIC HEALTH RECORD OR OTHER ELECTRONIC SYSTEM TO INCLUDE AND DISPLAY KEY INFORMATION IN A SEARCHABLE FIELD .....2
  - IMPLEMENTED A CHECKLIST ..... 3
  - ESTABLISHED A PROTOCOL THAT IS USED ROUTINELY ..... 4
  - [HIRED A CLINICAL CONSULTANT TO] TRAIN NURSING AND DIRECT CARE STAFF ON IMPROVING CARE IN THE MEASURE AREA..... 5
  - CHANGED ANOTHER ASPECT OF THE PROCESS (BUT NOT THROUGH A FORMAL PROTOCOL) ..... 6
  - PRODUCED AND SHARED UNIT LEVEL DATA WITH NURSING STAFF ON THE MEASURE ..... 7
  - PERFORMED CHART REVIEWS TO IDENTIFY ASSESSMENT ERRORS OR OTHER POTENTIAL PROCESS IMPROVEMENTS..... 8
  - OTHER (SPECIFY) ..... 9
- 
- SAME EFFORTS AS FOR PREVIOUS MEASURE ..... 10
  - DON'T KNOW ..... d
  - REFUSED ..... r

C6. To what extent have you had both the leadership support and resources you needed to accomplish the improvements you sought on these measures?

On improvements for **[READ ITEM]**, would you say you had all the leadership support and resources you needed, somewhat less than you needed, or a lot less than you needed?

**[PROGRAM WILL DISPLAY FOR EACH 'YES' RESPONSE TO C4]**

	ALL THE LEADERSHIP SUPPORT AND RESOURCES YOU NEEDED	SOMEWHAT LESS THAN YOU NEEDED	A LOT LESS THAN YOU NEEDED	DON'T KNOW	REFUSED
a. Physical restraint use.....	1	2	3	d	r
b. Pressure ulcers.....	1	2	3	d	r
c. Influenza (flu) vaccination .....	1	2	3	d	r
d. Pneumococcal vaccination .....	1	2	3	d	r
e. Urinary tract infection.....	1	2	3	d	r
f. Urinary catheter use .....	1	2	3	d	r
g. Depression or anxiety .....	1	2	3	d	r
h. Moderate to severe pain .....	1	2	3	d	r
i. Patient mobility .....	1	2	3	d	r
j. Weight loss .....	1	2	3	d	r
k. Help with daily activity.....	1	2	3	d	r
l. Any other measure? (SPECIFY)..	1	2	3	d	r

---

## BARRIERS TO IMPROVEMENT AND INTEREST IN EXTERNAL ASSISTANCE

C7. I'm going to read a list of barriers that nursing homes may face in improving their performance on these measures. As I read each one, please tell me whether each is currently a major barrier, a minor barrier, or not a barrier for this nursing home.

[ROTATE ORDER OF LIST, BUT ALWAYS END WITH CATEGORY "J" AND "K"]

### CODE ONE FOR EACH

	MAJOR BARRIER	MINOR BARRIER	NOT A BARRIER	DON'T KNOW	REFUSED
a. The nursing home lacks enough staff trained in quality improvement.....	2	1	0	d	r
b. Resource constraints, other than staffing, limit improvement strategies.....	2	1	0	d	r
c. Lack of nursing staff interest or involvement.....	2	1	0	d	r
d. Documentation of the care that is given is a problem .....	2	1	0	d	r
e. Staff at the nursing home disagree with selection of the measure or its definition.....	2	1	0	d	r
f. The nursing home has other higher priorities.....	2	1	0	d	r
g. The nursing home is unsure of how to improve performance.....	2	1	0	d	r
h. The nursing home has no incentive to improve .....	2	1	0	d	r
i. Insufficient senior management leadership and support .....	2	1	0	d	r

YES	NO	DON'T KNOW	REFUSED
-----	----	------------	---------

j. Any other barrier I haven't mentioned? (SPECIFY).....

\_\_\_\_\_

	MAJOR	MINOR	DON'T KNOW	REFUSED
k. <b>IF YES, ASK:</b> Was this a major or a minor barrier?.....	2	1	d	r

C8a. Is this nursing home potentially interested in future technical assistance sponsored by CMS to help reduce any remaining barriers and thereby boost its performance?

- YES ..... 1
- PERHAPS/MAYBE ..... 2
- NO ..... 0 → **GO TO C9**
- DON'T KNOW ..... d } **GO TO C10**
- REFUSED ..... r }

C8b. What would be the two most important topics on which this nursing home would like additional support?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

C9. Please tell me if any of the following are reasons why you would not be interested in future technical assistance to boost the nursing home's performance.

CODE ALL THAT APPLY

- Our nursing home already has plans to use other supporting initiatives or organizations ..... 1
- No assistance from external organizations is needed, just internal work ..... 2
- Existing outside organizations lack the necessary expertise ..... 3
- Our nursing home has other more important priorities ..... 4
- Our nursing home lacks staff resources to participate in any more improvement initiatives ..... 5
- Any other reason? (SPECIFY) ..... 6
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

## IMPORTANT SOURCES OF QI INFORMATION

The last few questions are about sources of information that may have improved the quality of care at this nursing home.

- C10. Do you believe the quality of care at this nursing home in one or more clinical areas is better this year than last year?

YES .....	1	} <b>GO TO END</b>
NO .....	0	
DON'T KNOW .....	d	
REFUSED .....	r	

- C11. In addition to your own experience and data, what were the three most important sources of information that have helped your nursing home improve its quality of care over the past year?

### CODE UP TO THREE

DIRECT SHARING OF EXPERIENCES AND BEST PRACTICES AMONG NURSING HOMES ....	1
MedQIC WEBSITE .....	2
OTHER WEBSITES VISITED ROUTINELY .....	3
USE OF SEARCH ENGINES TO IDENTIFY RELEVANT MATERIAL ON THE WEB .....	4
CONFERENCES OR SEMINARS .....	5
WEBINARS OR TELECONFERENCE PRESENTATIONS .....	6
MEETING WITH CONSULTANTS .....	7
OTHER (SPECIFY) .....	8
<hr/>	
DON'T KNOW .....	d
REFUSED .....	r

**[IF C11=1]**

C11a. You mentioned direct sharing of experiences and best practices as one of three most important sources of information that have helped your nursing home. Who facilitated the sharing? Was it . . .

- The nursing home trade association, ..... 1
- [NAME OF QIO], ..... 2
- AANAC, or ..... 3
- Another organization? ..... 4
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

**[IF C11=3]**

C11b. You mentioned other websites that were visited routinely as one of three most important sources of information that have helped your nursing home. What are those websites?  
**RECORD VERBATIM**

---



---



---

- DON'T KNOW ..... d
- REFUSED ..... r

**[IF C11=5]**

C11c. You mentioned conferences or seminars as one of the three most important sources of information that have helped your nursing home. Who sponsored the conference or seminar? Was it . . .

- The nursing home trade association, ..... 1
- [NAME OF QIO], ..... 2
- AANAC, or ..... 3
- Another organization? ..... 4
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

**[IF C11=6]**

C11d. You mentioned webinars or teleconference presentations as one of the three most important sources of information that have helped your nursing home. Who sponsored the webinar or teleconference? Was it . . .

The nursing home trade association, ..... 1

[NAME OF QIO], ..... 2

AANAC, or ..... 3

Another organization? ..... 4

\_\_\_\_\_

DON'T KNOW ..... d

REFUSED ..... r

END. Those are all the questions I have. Do you have any final comments you'd like to share? **RECORD VERBATIM**

---

---

---

THANK. Thank you very much for participating in this survey, and taking the time to speak with me. Have a great (day/evening).

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

} **GO TO THANK**

**APPENDIX F**

**CASE STUDY DISCUSSION GUIDES AND LETTERS**





**CMS LETTERHEAD**  
**LETTER OF ENCOURAGEMENT TO PARTICIPATE - EVALUATION OF THE**  
**9TH QIO SOW**  
**PROVIDER ORGANIZATIONS SELECTED FOR SITE VISITS**

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Quality Improvement Organization (QIO) Program, which is a key component in CMS' efforts to improve the quality and efficiency of care for Medicare beneficiaries. The purpose of the study is to evaluate the program's effectiveness in helping health care providers to improve the quality of care for Medicare beneficiaries and to find ways to improve the program.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS, with partnered organizations Social & Scientific Systems and Abt Associates. As part of this study, MPR and its partners will visit providers in twelve states who worked with their local QIO.

Your participation in the site visits is voluntary, but your participation is invaluable for the success of this important study. Your input will help Medicare to improve the design and effectiveness of the QIO program and to ultimately improve care for Medicare beneficiaries. I urge you to participate as described in the invitation letter included with this one. Neither your name nor your organization's name will ever be included in any reports prepared for CMS or others as part of this study.

We look forward to including your valuable input in this study.

Sincerely,

CMS Project Officer

Enclosure



## QIO DIRECTOR INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W.  
Suite 550  
Washington D.C. 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

QIO Director  
QIO name  
Street address  
City, ST zip

Dear [QIO Director name]:

The Centers for Medicare & Medicaid Services (CMS) would very much appreciate your thoughtful input on your QIO's experience with the 9th SOW for [STATE]. This is an invitation to participate in a site visit being conducted as part of the evaluation of the 9th SOW Quality Improvement Program by Mathematica Policy Research and its subcontractors Social & Scientific Systems and Abt Associates, sponsored by CMS. Participation will involve discussions with you and the key QIO staff who lead themes or patient safety sub-themes for a total of [TOTAL LENGTH OF INTERVIEWS] hours during the week of [TARGET WEEK]; this total includes one hour for discussion with you, approximately 30 minutes per theme or patient safety sub-theme with the leader of each of those efforts, and an additional 15 minutes for the overall patient safety theme leader.

Your feedback is confidential. Your input will be valuable in assisting CMS in continuing to improve the QIO program with each new scope of work. The site visits are part of a larger study to evaluate the 8th and 9th Scopes of Work Quality Improvement Program, described in the attachment.

Please note that Section C.4.B.13 of the 9th SOW contract requires each QIO to provide data for evaluation, thus, your time to participate in the site visit is an expense covered under the contract. If you have any questions, please feel free to call [CMS OFFICIAL] at [PHONE NUMBER].

On-site, we would like to discuss the following key topics:

- The impact you have had on quality improvement and patient safety related to each theme (note we do not expect you to provide data, the purpose is to obtain your thinking in summary form about your accomplishments)
- Any difficulties you have faced with the program contract, infrastructure, and supports
- The value of QIOSCs in facilitating your work
- Which types of activities you have undertaken since August 2008 were more and less valuable for quality improvement

LETTER TO: QIO Director  
FROM: Myles Maxfeild  
DATE: [Date], 2010/2011  
PAGE: 2

- How you recruited providers to work with you during the 9th SOW
- Types of actions taken by providers to improve care on the program-targeted measures, and what prompted the actions
- Lessons learned from the 9th SOW experience
- What types of key barriers remain to quality improvement in this state
- The state quality environment, such as the roles of other organizations influencing quality, and the interest among providers in collaborating and working for quality improvement

With your help, the evaluation will provide critical information to CMS to help refine the Quality Improvement Program. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfeild, Ph.D.  
Project Director

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 xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and 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.

## PROVIDER INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W.,  
Suite 550  
Washington, DC 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

### Contact

Organization name

Street address

City, ST zip

Dear [contact name]:

This is an invitation to provide important feedback to the Centers for Medicare & Medicaid Services (CMS) through agreeing to an on-site interview, roughly 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Program. The CMS Quality Improvement Program in this state is operated through [NAME QIO]. If you have worked with [NAME QIO] on one or more quality improvement efforts since August 2008, the evaluation research team would appreciate your feedback through an on-site interview during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the visit, and your input will remain confidential. In particular, we would like to discuss:

- The overall value and effect of [NAME QIO] activities related to [NAME THEME(S) THE PROVIDER WORKED WITH THEM ON]
- Why you decided to work with [NAME QIO] (if applicable) and which types of interactions, tools, resources, etc. that were provided by [NAME QIO] were more and less helpful to you
- The story of this [TYPE OF PROVIDER]'s quality improvement related to [NAME THEME(S)] since Summer 2008, and the major reasons for any changes in measured performance.
- Lessons you have learned about how to improve quality since Summer 2008, and remaining barriers you face to further improvement
- What you know and think about the quality-related environment in your area, for example, how interested [TYPE OF PROVIDER]s are in general in quality improvement, and whether they are willing to share information

CMS has contracted with Mathematica Policy Research, Inc. and its partners Social & Scientific Systems and Abt Associates, to conduct the site visits as part of a larger study to evaluate the 8th and 9th Scopes of Work Quality Improvement Program. A description of the larger study is attached.

With your help, the evaluation will provide critical information to CMS to help refine its work to improve the quality of care. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

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COMMUNITY HEALTH LEADER  
INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W.,  
Suite 550  
Washington, DC 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

Contact

Organization name  
Street address  
City, ST zip

Dear [contact name]:

As a key health leader representing [HOSPITALS/NURSING HOMES/PHYSICIANS], you are no doubt aware of the investment the Centers for Medicare & Medicaid Services (CMS) makes in improving quality of care through its Quality Improvement Program, which in this state is operated through [NAME QIO]. This is an invitation to provide important feedback to CMS through agreeing to an in-person interview, roughly 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Program. Your input will remain confidential.

CMS has contracted with Mathematica Policy Research, Inc. and its partners Social & Scientific Systems and Abt Associates, to conduct the site visits as part of a larger study to evaluate the 8th and 9th Scopes of Work Quality Improvement Program. A description of the larger study is attached. The evaluation research team would appreciate your feedback through an in-person interview during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the meeting. In particular, we would like to discuss the following key topics:

- The overall value and effect of [NAME QIO] activities related to quality improvement and patient safety
- Which types of activities by [NAME QIO] since August 2008 that were more and less valuable for quality improvement
- What types of key barriers remain to quality improvement in this state, and how the CMS Quality Improvement Program could best help in the future
- What the quality-related environment is like in your area, for example, how interested [TYPE OF PROVIDER]s are in general in quality improvement, and whether they are willing to share information

With your help, the evaluation will provide critical information to CMS to help refine its work to improve the quality of care. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

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 xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and 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.





DRUG SAFETY ORGANIZATION  
INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W.,  
Suite 550  
Washington, DC 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

Contact

Organization name  
Street address  
City, ST zip

Dear [contact name]:

As a [DESCRIBE ORGANIZATION TYPE IN APPROPRIATE, FLATTERING TERMS—such as major health plan in the state], you are probably aware of the investment that the Centers for Medicare & Medicaid Services (CMS) makes in improving quality of care through its Quality Improvement Program, which in this state is operated through [NAME QIO]. This is an invitation to provide important feedback to CMS through agreeing to an in-person interview, roughly 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Program. Your input will remain confidential.

CMS has contracted with Mathematica Policy Research, Inc. and its partners Social & Scientific Systems and Abt Associates, to conduct site visits as part of a larger study to evaluate the 8th and 9th Scopes of Work Quality Improvement Program. A description of the larger study is attached. The evaluation research team would appreciate your feedback through an in-person interview during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the meeting. In particular, we would like to discuss the following key topics:

- The overall value and effect of [NAME QIO] activities related to improving drug safety by reducing inappropriate medications and drug-on-drug interactions
- Which types of activities by [NAME QIO] since August 2008 that were more and less valuable for improving drug safety
- What types of key barriers remain to further improving drug safety this state, and how the CMS Quality Improvement Program could best help in the future
- What the quality-related environment is like in your area, for example, how interested providers are in general in improving drug safety, and whether they are willing to share information on how best to do so

With your help, the evaluation will provide critical information to CMS to help refine its work to improve patient safety. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

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 xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and 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.



## CASE STUDY DISCUSSION GUIDES

### F6A. QIO DIRECTOR AND THEME LEADERS

In the matrix that follows, due to limited space we have used abbreviated indicators for the QIO staff who will be asked each question during the case study discussions.

Prior to the visits, we will produce a guide tailored to the staffing situation of the QIO, based on information about its staffing that we learn as we schedule the visit. For example, if a single individual is responsible for leading the Pressure Ulcer and Physical Restraints sub-themes, we will concatenate the questions for each of those topics into a single guide. The likely wide variation in who is responsible for which themes and sub-themes has caused us to prefer to provide the questions in this matrix format until just prior to the visit.

Key to Abbreviations for QIO Director and Theme Leaders Participating in Case Study Discussions:

QIO Dir: QIO Director

Pt Sfty: Patient Safety Theme Leader

PrU: Patient Safety – Pressure Ulcers leader

PR: Patient Safety – Physical Restraints leader

SCIP: Patient Safety - Leader for improving surgical safety and heart failure

MRSA: Patient Safety - Leader for reducing Methicillin-resistant Staphylococcus aureus in the acute care setting

Rx Safety: Patient Safety - Leader for improving drug safety

Pre: Prevention Theme Leader

Pre Disp: Prevention – Disparities Theme Leader

Care Tr: Care Transitions Theme Leader

CKD: Prevention – Chronic Kidney Disease Theme Leader

QIO DIRECTOR AND THEME LEADERS

DISCUSSION GUIDE TOPICS

Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
<b>1. Program Impact in the State</b>												
Has [QIO contract theme] had an impact on quality of care or patient safety? [For QIO Dir, repeat for each theme]	X	X							X	X	X	X
[If yes to pt. safety] Which components of the patient safety theme have had the largest impact on quality or safety during the 9th SOW? Why?	X	X										
[If yes] What do you view as the most important evidence of impact?	X	X							X	X	X	X
Did all the contract evaluation measures work reasonably well to assess progress? If not, which ones were problematic? Why?	X	X							X	X	X	X
Are there certain types of providers that seemed to benefit more than others from working with the QIO? If yes, which types?			X	X	X	X			X	X	X	X
Are there any specific “success stories” that you are aware of that you could share with us?	X	X	X	X	X	X	X	X	X	X	X	X
Are you aware of the trend in quality among providers in the state that you did not specifically work with during the 9th SOW? [If yes:] Did they improve?			X	X	X	X			X	X	X	X



Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
[If responded insufficient <b>data and information</b> on any item, ask:] You indicated you had insufficient data and information to [name task]: could you tell me more about what data and information you felt you needed but did not have?			X	X	X	X	X	X	X	X	X	X
Do you believe this lack of information significantly lessened the results you were able to achieve? [If yes] Why?			X	X	X	X	X	X	X	X	X	X
You rated the following information types as having high value in helping you shape and refine interventions over time: [name them]. What was it about these information sources that made them high value?			X	X	X	X	X	X	X	X	X	X
You rated the following information types as having low value: [name them]. What was it about these information sources that made them low value?			X	X	X	X	X	X	X	X	X	X
[Follow-up on any negative responses to knowledge base/tools items:] Could you elaborate more on your response that [tailor to the item]?			X	X	X	X	X	X	X	X	X	X
[If not already covered:] Could you talk about the role of the QIOSC with respect to your work? Specifically what did they contribute to your ability to work effectively on your theme?		X							X	X	X	X
[Follow up on survey response:] I see from your survey response that you found the centrally developed change package [useful/not useful] to your work. Could you tell us more about that?			X	X	X	X	X	X				









<b>Topic for Discussion</b>	<b>QIO Dir</b>	<b>Pt Sfty</b>	<b>PrU</b>	<b>PR</b>	<b>SCIP</b>	<b>MRSA</b>	<b>NHIN</b>	<b>Rx Sfty</b>	<b>Pre</b>	<b>Pre Disp</b>	<b>Care Tr</b>	<b>CKD</b>
Has any part of your work included thinking about the sustainability of any gains that are achieved? What are the key issues in sustainability?										X	X	X
[If some changes were recommended in survey:] In your survey response, you suggested that CMS should make the following change [name change recommended]. Could you elaborate a bit on what led you to that recommendation and any more specific thoughts about what shape the change should take? [repeat as necessary to cover all recommended changes]	X											
<b>6. State Environment</b>												
<i>Health Care Organizations Involved in Quality</i>												
Please tell us about any quality-related activities undertaken by the relevant professional or provider [Rx Sfty: or health plan] association(s)? What if any role did the QIO play in any of these?			X		X			X	X		X	X
Please tell us about any relevant quality or safety-related activities undertaken by large provider organizations [Rx Sfty: or health plans] that operate in this state? Please be clear if the QIO had a role in prompting or facilitating any of these.			X		X			X	X		X	X

<b>Topic for Discussion</b>	<b>QIO Dir</b>	<b>Pt Sfty</b>	<b>PrU</b>	<b>PR</b>	<b>SCIP</b>	<b>MRSA</b>	<b>NHIN</b>	<b>Rx Sfty</b>	<b>Pre</b>	<b>Pre Disp</b>	<b>Care Tr</b>	<b>CKD</b>
In your survey response, you listed the following other organizations whose efforts were proving important to achieving improvements: [list]. Could you tell us a little more about what they are doing, and why you think their activities have been effective? Please be clear if the QIO had a role in any of these.			X		X			X	X		X	X
<i>Provider Environment</i>												
During the 9th SOW, to what extent have providers in this state been interested in exchanging information with one another to improve quality?			X		X				X		X	X
Has this [willingness/unwillingness] to share been a significant [help/hindrane] to improving quality during this period?			X		X				X		X	X
What do you think underlies the general [willingness/unwillingness] to share in this state?			X		X				X		X	X
Your survey response indicated that providers in this state often [have enough/lack] motivation to improve their quality performance. Could you say a little more about why they have this level/lack of motivation?			X	X	X	X	X		X	X	X	X
Has this level of motivation been a significant [help/hindrane] to improving quality during this period?			X	X	X	X	X		X	X	X	X
Are there any other characteristics of the culture of the providers in this state that make assisting them with quality improvement particularly challenging?			X		X				X		X	X

Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
What are the key barriers to further improvements among providers [Rx Sfty: and health plans] in this state?			X	X	X	X		X	X	X	X	X
Focusing on the poorest performers, let's say the bottom 10 percent, could you describe why you think they are performing so poorly? What if anything do you believe would help them improve?			X	X	X	X	X		X	X	X	X
Are there characteristics of the provider [Rx Sfty: or health plan] environment in this state that make providers particularly receptive to attempts to assist them with quality improvement?								X				
Are there characteristics of the provider [Rx Sfty: or health plan] environment in this state that make it particularly challenging for an organization like the QIO to assist providers with quality improvement?								X				
<b>7. Participating Providers Selection Process</b>												
How much discretion did the QIO have in selecting practices to be participating providers?			X	X	X	X			X	X		
Please describe the state's strategy in recruiting providers [CKD and CT: and organizational partners] under this theme—types of providers [CKD and CT: and organizations] targeted, type of approach, and selling points.			X	X	X	X			X	X	X	X
Could you tell us how this state ended up working with the number of providers [CKD and CT: and other partners] that it did?									X		X	X

Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
Did the geography of the areas you targeted present any special challenges to accomplishing the goals of the theme?										X	X	X
How receptive were providers [CKD and CT: and other key organizations] to working with you? Why?			X	X	X	X	X		X	X	X	X
We understand from your survey response that [summarize selection process]. Could you tell us about the advantages and disadvantages of the way providers were selected to work with, in terms of how well it worked to give you a group that you could assist to improve quality to meet your goals?			X	X	X	X			X	X		
If you had instead worked with every provider in the state who could have well-used your help to improve performance, how much bigger would the group have been?			X	X	X	X	X		X	X		
<b>8. Recruitment of Beneficiaries</b>												
Based on your survey response, we understand this state recruited beneficiaries for DSME [through providers/directly from the community]. Did you consider the other type of strategy, and if so, why did you choose the one you did?										X		
How well did your recruiting strategy work?										X		
What lessons have you learned about recruiting beneficiaries for DSME?										X		

## **F6B. HOSPITAL QUALITY IMPROVEMENT DIRECTORS**

All hospitals selected for site visits will have worked with the QIO on one or more themes/sub-themes. In the matrix that follows, some questions include theme/sub-theme names in brackets. This means the question would be asked in terms of one theme that is applicable to the selected hospital. If there is time, the interviewer would cycle back and discuss a second topic if the hospital worked with the QIO on more than one theme/sub-theme.

<b>1. Background Information</b>
[collect description of hospital organization prior to visit, including whether part of larger system, level of services (e.g., tertiary, secondary), size of hospital, teaching status (major teaching, minor teaching, non-teaching), tax status (FP/NFP), payor mix (% Medicaid; % Medicare)]
[We will know from administrative data which themes and sub-themes the visited hospital worked on with the QIO. For questions that are specific to a theme or sub-theme—where a theme or sub-theme is indicated in brackets—we will decide in advance which theme/sub-theme to cover first. If time, we will cycle back and continue the discussion regarding a second applicable theme/sub-theme.]
<b>2. Overall Quality and Quality Improvement</b>
Where does quality fit into the hospital’s overall business strategy?
When it comes to how well this hospital is performing overall in terms of quality and safety overall, on a scale of 1-10, where 10 is the best care possible, where would you place it currently?
Where would you have placed it three years ago?
[If improved:] What have been the main factors that led to the improvement?
[If lower than 7:] What are the main reasons you wouldn’t give the hospital a higher score?
Setting aside this 1-10 scale, could you give us an overview of how the hospital measures its quality?
In general, what types of activities has the hospital found to be most effective at improving quality?
<b>3. QIO Interactions</b>
How did this hospital get involved in quality improvement activities with the QIO that have been undertaken since August 2008?
Please tell us about this hospital’s interactions with [name QIO] over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides]
[Make sure they are thinking about emails they received as well as any in-person or phone conferences they attended]
[Make sure they cover whether they took a HLQAT and/or AHRQ Pt. Safety survey provided by the QIO and whether there was any follow up interaction.]
Let me summarize what I think I heard regarding all the hospital’s interactions with the QIO around [PrU, SCIP/HF, MRSA as applicable]: [summarize]. Is that correct?
<b>4. QIO Impact on Hospital Operations</b>
How valuable to the hospital was the interaction with [name QIO] around [PrU, SCIP/HF, MRSA as applicable]?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
Did any of the interactions with [name QIO] around [PrU, SCIP/HF, MRSA, as applicable] lead to changes in the hospital that ultimately improved patient care?
[If hospital took the HLQAT or AHRQ Pt. Safety survey:] What did you learn from the results?
Have any changes been made as a result of the survey(s) or related follow-up that strengthen quality or safety at the hospital?
Did any other interactions with the QIO lead to changes in the hospital that ultimately improved patient care?



If you were advising [name QIO] about improving the impacts of its interactions with hospitals like yours, what would you say?
<b>5. Story of Hospital's Performance Trend on [PrU, SCIP/HF, MRSA]</b>
Could you take us through the story of this hospital's performance trend on [PrU, SCIP/HF, MRSA] from the time you first started tracking it? By "story," we mean what the trends were and what lay behind them.
If [name measure(s)] improved over time, what did you do?
What motivated you to take these actions that led to improvement?
What knowledge and staff resources made the changes possible?
Do you believe this hospital has now achieved the best possible performance?
[If no] What barriers remain to achieving optimal performance on the [PrU, SCIP/HF, MRSA as appropriate] measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this hospital to achieve optimal performance on these measures? [If yes] What types of help do you need? [If SCIP/HF:] On which measures?
<b>6. Hospital's Focus on QI for Measures of Interest vs. Other Measures</b>
How much of the hospital's quality improvement efforts have been focused on the [PrU, SCIP/HF, MRSA] measures vs. others? [We will provide each visited hospital in advance and on-site with a list of the specific measures we are referencing.]
[SCIP/HF only:] Within the SCIP/HF measures, have some measures received more focus on improvement than others? Why?
Are there other measures or quality improvement areas that received more focus than the [PrU, SCIP/HF, MRSA] measures? Why?
What influences the priority that is given to improving on various measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this hospital to achieve optimal performance on other measures you perceive as high priority? [If yes] What types of help do you need? On which types of measures?
<b>7. Interactions with Outside Organizations/People Regarding QI</b>
What other organizations or people has this hospital interacted with over the past three years regarding quality or patient safety improvement?
Have any of these had an important influence on the hospitals quality improvement or safety-related efforts? [If yes] Which one(s)?
[If yes] Please tell us about what the most important interactions were and what changed as a result within the hospital.
Do you talk much with other hospitals about their perspectives on quality improvement?
How do these conversations tend to occur, for example, by phoning a friend, chatting at in-person meetings, via one-to-one emails, via group emails/listservs?
[If yes] How motivated to improve quality and safety are hospitals in this state?
[If yes] Do hospitals in this state generally perceive there to be a business case for quality and safety improvement? [Please elaborate.]
[If yes] What other factors motivate hospitals in this state? Public reporting? Pay-for-performance?
[If no] Are hospitals in this state generally reluctant to share much information about what they are doing?

<b>8. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting hospitals to improve quality and safety, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness in assisting hospitals over the past few years?
Are there some things that have been done have little value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6C. NURSING HOME QUALITY DIRECTORS**

The questions that follow apply the same to all nursing homes selected for site visits—those that worked with the QIO on the Patient Safety Theme, sub-themes Pressure Ulcers, Physical Restraints, and/or Nursing Homes in Need.

<b>1. Background Information</b>
<i>Collect descriptive information about the facility prior to visit, including:</i>
Ownership
Profit/non-profit
Size
5-star rating on staffing, deficiencies, and QMs
Pressure ulcer prevalence rates over last three years
Restraint prevalence rates over last three years
Payor mix (% Medicaid; % Medicare)]
<b>2. Overall Quality and Quality Improvement</b>
Where does quality fit into the nursing home's overall business strategy?
When it comes to how well this nursing home is performing in terms of quality and safety overall, on a scale of 1-10, where 10 is the best care possible, where would you place it currently?
Where would you have placed it three years ago?
[If improved:] What have been the main factors that led to the improvement?
[If lower than 7:] What are the main reasons you wouldn't give your facility a higher score?
<b>3. QIO Interactions</b>
How did this nursing home get involved in quality improvement activities with the QIO that have been undertaken since August 2008?
Please tell us about your interactions with [name QIO] over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides] [Make sure they are thinking about emails they received as well as any in-person or phone conferences they attended]
Let me summarize what I think I heard regarding your nursing home's interactions with the QIO around [PrU and Restraints]: [summarize]. Is that correct?
<b>4. QIO Impact on Nursing Home Operations</b>
How valuable to the facility was the interaction with [name QIO] around [PrU or Restraints, as applicable]?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
Did any of the interactions with [name QIO] around [PrU or Restraints, as applicable] lead to changes in the facility that ultimately improved resident care? If yes, please describe.
If you were advising [name QIO] about improving the impacts of its interactions with facilities like yours, what would you say?
<b>5. Nursing Home's Performance Trend on [PrU or Restraints]</b>
Could you provide some history on your facility's performance on the [PrU or Restraint] measure(s)? Specifically, how have your rates changed (or not) from the time you first started tracking it/them?
If [name measure(s)] improved over time, what did you do?
What motivated you to take these actions that led to improvement?
What knowledge and staff resources made the changes possible?
Do you believe this facility has now achieved the best possible performance?
[If no] What barriers remain to achieving optimal performance on the [PrU or Restraint as appropriate] measures?

Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for your facility to achieve optimal performance on these measures? [If yes] What types of help do you need?
<b>6. Nursing Home's Focus on QI for Measures of Interest vs. Other Measures</b>
How much of your quality improvement efforts have been focused on the [PrU or Restraint] measures vs. others?
Are there other quality measures or quality improvement areas that received more focus than the [PrU and Restraint] measures? Why?
How do you prioritize your quality improvement activities? What measure or issue is most important to your facility? Least important? Why?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for your facility to achieve optimal performance on other measures you perceive as high priority? [If yes] What types of help do you need? On which types of measures or quality improvement areas?
<b>7. Interactions with Outside Organizations/People Regarding QI</b>
What other organizations or people has this facility interacted with over the past three years regarding quality improvement?
Have any of these had an important influence on the facility's quality improvement efforts? [If yes] Which one(s)?
[If yes] Please tell us about what the most important interactions were and what changed as a result within the nursing home.
Do you talk much with other nursing homes about their perspectives on quality improvement?
How do these conversations tend to occur, for example, by phoning a friend, chatting at in-person meetings, via one-to-one emails, via group emails/listservs?
[If yes] How motivated to improve quality are nursing homes in this State?
[If yes] Do nursing homes in this State generally perceive there to be a business case for quality? [Please elaborate.]
[If yes] What other factors motivate nursing homes in this State? Public reporting? Pay-for-performance? Medicaid payment rates? Survey and certification?
<b>8. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting nursing homes to improve quality, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness in assisting nursing homes over the past few years?
Are there some things that have been done that lack value and should be discontinued?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6D. PHYSICIAN PRACTICE – LEAD PHYSICIAN CONTACT**

The questions that follow apply to lead physician contacts from practices selected for visit because they worked with the QIO on the Prevention theme, and/or the Prevention – Disparities theme. Where indicated in brackets within questions, question wording is slightly tailored to apply to the Prevention – Disparities theme.

<b>1. Background Information</b>
[collect description of practice prior to visit, including whether an FQHC or Rural Health Clinic, whether part of larger medical group or health system, size of practice (number of physicians and mid-level practitioners), specialties of clinicians, number of Medicare beneficiaries and % of practice this represents][for disparities, also get % of practice that is underserved, and % with diabetes]
Does the practice receive any quality report cards from outside organizations?
Does the practice participate in any quality improvement programs or activities, in addition to the [preventive/diabetes] work you do with [name QIO]?
<b>2. Interactions with the QIO and other CMS Contractors</b>
How did the practice get involved in working with [name QIO] on [preventive/diabetes] care activities?
What did the practice hope to gain?
[Pre – Disp only:] Are you aware of the diabetes self-management education that the QIO has been sponsoring?
[Pre – Disp only:] In your view, how well do such programs, and this one in particular, work?
Please tell us about the practice’s [Pre – Disp: other] interactions with [name QIO] over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides] [Make sure they are thinking about emails they received as well as any in-person or phone conferences they attended]
Please describe your experience with reporting data from your EHR to the CMS contractor on the [preventive/diabetes] care measures—did all go smoothly?
[Pre – Disp only:] Did you submit blood pressure control data to PQRI? Why or why not? [If yes] Was it easy to do?
<b>3. QIO Impact on Practice Operations and Patients’ Health</b>
How valuable to the practice was the interaction with [name QIO] around [preventive/diabetes] care?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
[Pre – Disp only:] To your knowledge, did any of your patients receive diabetes self-management education because of the QIO’s initiative to increase this? [If yes] About how many?
[Pre – Disp only:] [If yes] Did you see any improvement in the condition of patients who attended the training that you believe was attributable to the class?
Did any of the interactions between the practice and [name QIO] around [preventive/diabetes] care lead to changes in practice operations that improved patient care?
If you were advising [name QIO] about improving the impacts of its interactions with practices like yours, what would you say?
<b>4. Practice’s Knowledge of its Performance and Trend on [Preventive/Diabetes] Care Measures</b>
What information does this practice generate or receive about the percentage of practice patients that have received [measures of interest]?
When and how did the practice first become aware of how its patients were doing on these measures?

Since that time, have you taken any particular actions to try to increase these rates? [If yes,] What were they?
[If yes] What motivated you to take these actions?
How consistently are these actions applied across the practice?
What knowledge and staff (or consultant) resources made the changes possible?
Have you been able to see any trend yet in these measures that would indicate if your actions were working?
Do you believe this practice has now achieved the best possible performance?
What is the role of your EHR in supporting good performance on [preventive/diabetes] care measures?
[If no] What barriers remain to achieving optimal performance on the [preventive/diabetes care] measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this practice to achieve optimal performance on these measures? [If yes] What types of help do you need? On which measures?
<b>5. Practice's Focus on QI for Measures of Interest vs. Other Measures</b>
How much of the practice's quality improvement efforts have been focused on the [preventive/diabetes care] measures vs. others? Why? [we will share a list with them of the specific measures we are referencing]
Within the [preventive/diabetes care] measures, have some measures received more focus on improvement than others? Why?
Are there other measures or clinical areas that received more focus on improving measured performance than the [preventive/diabetes] care measures? [If so] Why?
What influences the priority that is given to improving on various measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this hospital to achieve optimal performance on other clinical performance measures you perceive as high priority? [If yes] What types of help do you need? On which types of measures?
<b>6. Interactions with Outside Organizations/People Regarding Performance Measurement and Improvement</b>
What if any other organizations or people has this practice interacted with over the past three years regarding performance improvement?
Have any of these had an influence on the practice's operations? [If yes] Which one(s)?
[If yes] Please tell us about what the most important interactions were and what changed as a result within the practice.
Do you talk much with other practices about their perspectives on performance measurement and improvement?
How do these conversations tend to occur, for example, by phoning a friend, chatting at in-person meetings, via one-to-one emails, via group emails/listservs?
Are most practices in this state aware of how they are doing on these [preventive/diabetes] care measures?
[If yes] How motivated to improve performance on quality measures are practices in this state at this time? Why?
Do practices in this state generally perceive there to be a business case for them to improve on these quality measures? [Please elaborate.]



Aside from any inherent business case and professional integrity, do any other factors motivate practices in this state? Future or current public reporting? Future or current pay-for-performance?
What do you think it would take to get practices to change operations enough to improve the rates of [preventive/diabetes] care measures in the state to their optimal level?
<b>7. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting practices to improve quality of care and safety for their patients, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] or their ability to come on-site was important to their ability to effectively assist physician practices over the past few years?
Are there some things that have been done have no apparent value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6E. COMMUNITY HEALTH LEADERS**

The set of questions that follows applies to three “community health leaders” identified for each case study state. Usually these would be provider or professional association representatives knowledgeable about quality, with one representing the physician sector, one the hospital sector, and one the nursing home sector. On occasion, another type of respondent rather than a provider or professional association representative may be selected to provide an external vantage point, such as the leader of a large quality alliance in the state.

<b>1. Background Information</b>
[collect description of the leader's position and role in health care quality improvement]
<b>2. QIO Program Impact in the State</b>
Could you tell us how and to what extent you know about and/or involved in the work of [name QIO] as a Medicare QIO over the past few years?
Has the work of [name QIO] over the past few years as a Medicare Quality Improvement Organization influenced the quality of care in this state? How?
<b>3. Most Effective QIO Activities</b>
Among the different kinds of activities you may be aware of that [name QIO] undertakes in its role as a Medicare QIO, are there any that you could identify as particularly high-value? Low value?
Is there anything you think [name QIO] could have done differently to be more effective in its work that you are aware of? What would it have taken for this to have happened?
<b>4. Quality Improvement in the State</b>
What are the key organizations that influence quality or patient safety improvement activities in this state? What major contributions has each made in the past three years?
What are the key barriers to further improvements among quality and patient safety in this state?
Are there characteristics of the provider environment in this state that make providers particularly receptive to attempts to assist them with quality improvement?
Are there characteristics of the provider environment in this state that make it particularly challenging for an organization like the QIO to assist providers with quality improvement?
<b>5. Closing</b>
If you were going to advise CMS about how to make the QIO program more effective as a catalyst or technical assistance resource to improve quality and patient safety, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness over the past few years?
Are there some things that have been done have no apparent value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6F. DRUG SAFETY PARTNER ORGANIZATION**

The drug safety partner organization may be a health plan, a provider organization, or another type of organization who has partnered with the QIO to improve drug safety under the QIO's Patient Safety theme. The QIO will provide us with contact information to interview the lead contact from this organization.

<b>1. Background Information</b>
[collect description of drug safety partner organization and the effort that they worked on with the QIO in advance of the visit]
<b>2. The Drug Safety Initiative</b>
Where does drug safety as a topic area for improvement fit into this organization's overall business strategy?
What influences the priority that is given to improving on various measures of patient safety and quality?
Please tell us about the drug safety initiative that the QIO has been involved in with you. [motivators, goals and measures, other partnered organizations, scope of the effort, timeframe, level of effort over time from the various partners]
<b>3. QIO Interactions</b>
How, why, and when did [name organization] get involved in [name drug safety-related activities] <i>with the QIO</i> ?
Please tell us about [name organization]'s interactions with [name QIO] around drug safety over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides] [Make sure they are thinking about emails and materials they may have received as well as any in-person or phone conferences they attended]
<b>4. QIO Impact on Drug Safety Initiative and Drug Safety</b>
How valuable to the drug safety initiative was the interaction with [name QIO]?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
Did any of the interactions with [name QIO] around drug safety lead to changes that have improved drug safety?
If you were advising [name QIO] about improving the impacts of its interactions with other organizations in order to improve drug safety, what would you say?
<b>5. Story of the Organization or Initiative's Performance Trend on Drug Safety Measures</b>
Could you take us through the story of this [organization's or initiative's] performance trend on the drug safety measures you have been tracking, from the time you first started tracking it? By "story," we mean what the trends were and what lay behind them.
If [name measure(s)] improved over time, what did you do?
What motivated you to take these actions that led to improvement?
What knowledge and staff resources made the changes possible?
Do you believe this [organization/initiative] has now achieved the best possible drug safety performance?
[If no] What barriers remain to achieving optimal performance on the drug safety measures?
Are there needs from an outside organization such as a Medicare Quality Improvement Organization in order for providers in the state to achieve optimal performance on drug safety measures? [If yes] What types of help are needed? To influence what measures?
<b>6. Interactions with Outside Organizations/People Regarding Drug Safety</b>
What if any other organizations or people has this organization interacted with over the past three years regarding drug safety, that haven't yet been mentioned?
Have any of these had an important influence on the organization's drug safety-related efforts? [If yes] Which one(s)?

If yes] Please tell us about what the most important interactions were and what changed as a result.
<b>7. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting other organizations with improving drug safety, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness in assisting with drug safety over the past few years?
Are there some things that have been done have no apparent value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?



**APPENDIX G**

**PARTNERS DISCUSSION GUIDE, SCREENER, AND LETTER**





**Chronic Kidney Disease (CKD)  
QIO Partner Organization Screener Questions/Scheduling Call**

I am a researcher with Social & Scientific Systems, a health care research company in Silver Spring, Maryland. We were given your name by [QIO NAME] as a partner organization in the effort to improve care for people with Chronic Kidney Disease, which I'll call CKD, or to prevent CKD. The Centers for Medicare & Medicaid Services has contracted with Mathematica Policy Research, Inc. and with Social & Scientific Systems to evaluate the impact of the QIO program on healthcare processes and outcomes in CKD. With your help, the evaluation will provide critical information to CMS to help refine its work to improve the quality of care. You should have received a letter from someone on the research team saying that we would be calling you—did you receive that letter? I'd like to ask you a few questions about your work with [QIO NAME].

1. Has your organization worked with [QIO NAME] on issues related to CKD?

[If yes, go to Q2; if no, go to Q4]

2. What is the level of [QIO NAME]'s involvement with the activities of [ORGANIZATION BEING INTERVIEWED] related to CKD? Would you say it is very involved, somewhat involved, or only minimally involved?

[IF RESPONSE TO Q2 IS 'SOMEWHAT' OR 'MINIMALLY' INVOLVED, THEN ASK Q2A AND Q2B]

Q2A. Please provide a brief overview of how [QIO NAME] has been involved with this organization's activities.

2B. Has your level of involvement changed since you first started working with [QIO NAME]?

[If no, go to Q3] If yes, why is that?

- a. Was the work not important or relevant to your organization?
- b. Does your organization not have the resources to collaborate?
- c. Were you already doing that sort of work?
- d. Did you work with [QIO NAME] and not find it useful?

[IF RESPONSE TO Q2 IS 'VERY INVOLVED' ASK Q3 AND THEN SCHEDULE FULL INTERVIEW]

3. How would you describe the value of the [QIO NAME] to this organization's efforts related to CKD? Would you say that their involvement has been very valuable, somewhat valuable, not very valuable, or they've added no value at all?

[THANK RESPONDENT FOR THEIR TIME AND END INTERVIEW]

4. Did [QIO NAME] contact your organization or have you interacted at all with [QIO NAME] about collaborating on issues related to CKD?

[IF NO, THANK RESPONDENT FOR THEIR TIME AND END INTERVIEW]]

5. [if yes] Did your organization make a decision not to work with [QIO name]? Why was that—
  - a. Was the work not important or relevant to your organization?
  - b. Does your organization not have the resources to collaborate?
  - c. Were you already doing that sort of work?
  - d. Did you work with [QIO NAME] and not find it useful?

[THANK RESPONDENT FOR THEIR TIME AND END INTERVIEW]

**CARE TRANSITIONS THEME  
PARTNER ORGANIZATION  
INVITATION LETTER**

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W., Suite 550  
Washington, DC 20024-2512  
Telephone (202) 484-922  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

Contact  
Organization name  
Street address  
City, ST zip

Dear [contact name]:

This is an invitation to provide important feedback to the Centers for Medicare & Medicaid Services (CMS) through agreeing to a telephone meeting, 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Program. The CMS Quality Improvement Program in this state is operated through [NAME QIO]. As a partner organization in the effort involving [NAME QIO] improving care transitions and preventing re-hospitalizations, the evaluation research team would appreciate your feedback through a telephone meeting during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the meeting. CMS has contracted with Mathematica Policy Research, Inc. and with Social & Scientific Systems to conduct the telephone meetings as part of a larger study to evaluate the 8th and 9th Scopes of Work Quality Improvement Program. A description of the larger study is attached.

In particular, we would like to discuss:

- Activities of this organizations in the collaborative effort to improve care transitions and prevent re-hospitalizations
- Role played by [NAME QIO] in the collaborative effort
- Any changes in care resulting from the work of the collaborative effort
- Most successful strategies or interventions by the collaborative
- Challenges faced and sustainability of the efforts and resulting changes

The information you share with us will be kept strictly confidential and will not affect your current or future participation in the QIO program. The information gathered in aggregate will provide critical feedback to CMS to help refine its work to improve the quality of care. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member from Social & Scientific Systems will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

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 collection of information is XXX-XXXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and 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.



# Chronic Kidney Disease (CKD) and Care Transitions

## QIO Partners Discussion Guide

### INTRODUCTION

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Thank you for agreeing to participate in this interview to better understand the role of the (QIO name) in working with the community partners on [CKD/CT]. My name is \_\_\_\_\_. I am a researcher with Social & Scientific Systems, a health care research company in Silver Spring, Maryland. Our organization has received funding from the Centers for Medicare and Medicaid Services to evaluate the impact of the QIO program on healthcare processes and outcomes in [CKD/CT]. Our discussion will provide insights on issues related to the work of the (QIO name) within your community (state).

**Before we begin, are there any questions?**

### INTERVIEW GUIDE: QUESTIONS

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- **TOPIC #1: Activities of the Partner in the Collaborative**

CKD Partners: Let's begin by talking about the role of your organization in the effort to improve the detection and treatment of CKD.

CT Partners: Let's begin by talking about the role of your organization in the effort to reduce hospital readmissions.

- 1.1 [CKD] Tell me about what your organization is doing as part of the collaborative to improve the care delivered to people with chronic kidney disease? We're specifically interested in activities conducted since summer 2008, both alone and in collaboration with other organizations.
- 1.2 [CT] Tell me about what your organization is doing as part of the collaborative to improve the transition of Medicare patients between care settings in your community, to help reduce re-hospitalizations? We're specifically interested in activities conducted since summer 2008, both alone and in collaboration with other organizations.
- 1.3 [CKD] Did your work on this collaborative include direct interaction with Medicare patients with diabetes and their caregivers? [If yes,] Please describe the extent of any direct interactions.
- 1.4 [CT] Did your work on this initiative include direct interaction with Medicare patients and their caregivers? [If yes,] Please describe the extent of any direct interactions.

- **TOPIC #2: Activities of the QIO in the Collaborative**

Next, I'd like to talk about the QIO's role in the collaborative.

- 2.1 What were the most important things the QIO did to support the work of the collaborative?
- 2.2 To what extent was there significant decision-making by the collaborative as a group, where participating organizations then carried out actions according to the collaborative's decisions?
- 2.3 [If some decisions were made by the collaborative,] Please describe how decisions were made among partners in this collaboration? For example, who decided on what the priorities were?
- 2.4 What role did the QIO play in decision making?
- 2.5 Would the activities undertaken by the collaborative likely have occurred if the QIO had not existed?
- 2.6 If you were starting over as a group, is there anything you would recommend be done differently regarding who is in the collaborative, or how it functions?

- **TOPIC #3: Changes in Care Resulting from the Work of the Collaborative**

- 3.1 [For provider organizations:] Has your organization made any operational changes that may affect care, as a result of participating in this initiative? [If yes,] When were these changes made? [If yes,] Would your organization have made these changes without the support of the QIO?
- 3.2 [For organizations other than providers:] Has your organization done anything as a result of participating in the collaborative that you see as critical to care improvement? [If yes,] Please describe what you did, and when. [If yes,] Why do you view it as critical to care improvement? [If yes,] Would your organization have made these changes without the support of the QIO?
- 3.3 Thinking about the collaborative as a whole, is there any evidence or anecdotes that would show actual improvements to patient care as a result of the work of the collaborative?
- 3.4 [If yes,] Was the QIO's role in the collaborative important to producing these changes? [If yes,] How?
- 3.5 What if any other efforts have been going on at the same time that could also lead to [improved care for patients with CKD/fewer re-hospitalizations]?

- **TOPIC #4: Strategies or Interventions that Improve Care**

Next, let's talk about interventions and strategies that have been put in place and how data may have facilitated your work as part of this initiative thus far.

- 4.1 What strategies or interventions by the collaborative have been most successful thus far—either leading to changes in care or most promising for care improvement? Why?
- 4.2 What strategies or interventions by the collaborative have not worked out to be as successful as hoped, thus far? Why?
- 4.3 Tell me about the role the data may have played in identifying specific opportunities for improvement and the selection of interventions?
- 4.4 Has your organization, and the collaborative as a whole, had timely access to data to monitor how effective the efforts have been?
- 4.5 CKD: annual urinary microalbumin testing, use of ACE inhibitors and ARB drugs, availability of arteriovenous fistula (AV fistula or AVF) at 1<sup>st</sup> dialysis
- 4.6 CT: rehospitalization rates, HCAHPS survey results
- 4.7 What was the QIO's role in making the data available to you and the collaborative?
- 4.8 What have you learned from the data you have reviewed?
- 4.9 Were modifications made to the strategies/interventions as a result of feedback received from the data? If so, tell me about these changes and when they occurred.

- **TOPIC #5: Challenges and Sustainability**

Now, I'd like to talk about the remaining challenges the collaborative faces and sustainability of the progress that has been made.

- 5.1 Please describe any important remaining challenges to achieving the goals the collaborative was established to address.
- 5.2 What if any plans are underway to address these challenges?
- 5.3 What will be key factors in whether these challenges can be overcome?
- 5.4 [If changes in care were reported in Topic #3,] How likely do you think it is that the changes that have been made thus far will be lasting once the QIO is no longer available as a resource? Why or why not?
- 5.5 Are there other group(s) that could assume the role(s) of the QIO?



5.6 Are there any plans to encourage adoption of any successful strategies tried under this collaborative elsewhere within the state? Tell me about it.

- **Closing**

In closing,

I'm hearing that [summarize the respondent's main point about how successful the collaborative has been to date]. Do I have that right?

Could you summarize what advice you would have for another group that was starting up with the goals of the collaborative, about what works well and not so well?

Do you have any advice for CMS as it looks to improve the QIO program's effectiveness and efficiency going forward?

**APPENDIX H**

**FOCUS GROUP DISCUSSION GUIDE AND LETTER**







## **Focus Groups of Beneficiaries Who Received Diabetes Self-Management Education as a Result of QIO Prevention – Disparities Theme Effort**

### **Telephone Recruitment Script**

Hello, this is [CALLER NAME]. You signed up to take part in a small discussion group about the diabetes class that you were part of. Do you remember signing up? [If no, read the following: I understand that you took a diabetes class. The Medicare program would like to talk to people who took the diabetes classes to find out how helpful the classes were and ways to improve them. There was a sign-up sheet for people who would be willing to take part in the discussion group and I have your name on the list.] We will be having one of the discussion groups in your area on [DATE]. The discussion will take place from [BEGIN TIME TO END TIME] and it will be at [LOCATION]. If you take part, we will give you \$50 as a thank you for your help. Will you be able to join us at that time?

[IF ANSWER IS NO, SAY] Thank you for your time and have a nice day. END CALL.

[IF ANSWER IS YES, SAY] We would like to call you the day before the discussion group to make sure that you will be coming. Is this the best phone number to reach you at? Thank you for your time and we look forward to seeing you on [DATE]. Have a nice day! END CALL.



**Focus Groups of Beneficiaries Who Received Diabetes Self-Management Education as a Result of QIO Prevention – Disparities Theme Effort**

**Telephone Recruitment Script**  
**SPANISH VERSION**

Hola, me llamo [CALLER NAME]. Usted se registró para participar en un pequeño grupo de discusión sobre la clase de diabetes en la cual tomó parte. ¿Se recuerda que se inscribió? [***If no, read the following:*** Entiendo que usted tomó una clase sobre la diabetes. El programa de Medicare quiere hablar con personas que tomaron la clase sobre la diabetes para averiguar si las clases ayudaron y maneras de mejorarlas. Había una lista para firmar para personas que estaban dispuestas a tomar parte en el grupo de discusión y su nombre está en la lista.] Tendremos un grupo de discusión en su área en la fecha [DATE]. La discusión se llevará a cabo desde las [BEGIN TIME] hasta las [END TIME] y será en [LOCATION]. Si usted toma parte, le daremos \$50 (cincuenta dólares) para agradecerle por su ayuda. ¿Podrá usted reunirse con nosotros a esa hora?

[IF ANSWER IS NO, SAY] Muchas gracias por su tiempo y le deseo un buen día. END CALL.

[IF ANSWER IS YES, SAY] Quisiéramos llamarle el día antes del grupo de discusión para asegurarnos que usted vendrá. ¿Este es el mejor número de teléfono para alcanzarle? Muchas gracias por su tiempo y anticipamos verlo(a) el [DATE]. ¡Y que tenga un muy buen día! END CALL.





## **Focus Group Guide: Beneficiaries Who Received Diabetes Self-Management Education as a Result of QIO Prevention – Disparities Theme Effort**

### 1. How the Beneficiaries Were Recruited

*Goal: Explore how the participants found out about the DSME that they participated in. This is to help us understand whether participants' level of interest and engagement varies by recruitment setting and background of or relationship with person who recruited them.*

- How did you first learn about the diabetes management class?
  - Who told you about it—was it your regular doctor, a nurse at the doctor's office or clinic, or some other sort of person? If "some other sort of person", do you know what that person's position or job is?
- How did you feel about that person suggesting you participate in the class? Did you have a relationship with that person? Did you trust that person to have your interests in mind when suggesting you go to the class? Do you think they understood you and your health issues?
- Why do you think they suggested that you participate in the class?
  - Did you know at the time that you had diabetes?
  - Did you know it was a serious health problem?
  - Did you know that there were things you could do to better manage your diabetes or to prevent health problems from the diabetes?
- Is this the first time you had any diabetes teaching?

### 2. Class Structure, Perceptions about Leader and Other Participants

*Goal: Learn about the general set-up of the class, perceptions of the leader and qualifications, comfort levels with leader and other participants.*

- Can you tell me about the class and how it was set up?
  - Was there one teacher or leader? What kind of person was that—was it a nurse, a social worker, or what kind of training did the person have?
  - Did you think that the leader knew a lot about diabetes and how to treat it? Did they know a lot about how a person with diabetes should take care of themselves?
  - Were they able to explain the things to you in ways that you could understand?
  - Do you think they understood you? Did they understand your health issues, your cultural background, and the problems you might face getting health care or taking better care of yourself?
- How many participants were in the class? Did you feel comfortable with the other participants? Do you think they were people like you? How were they alike? How were they different?

### 3. Content of Class

*Goal: Focus on what was learned and how it was taught. Purpose is to understand what kind of format participants prefer.*

- During the class, did the teacher spend most of time talking to you and telling you about what you should do?
  - Did the teacher ask you questions and try to learn about you and your health? Did they ask you about your worries and problems in getting health care or taking care of yourself?
  - Were there different kinds of activities—did you practice doing things or take turns talking?
- Was it hard for you to understand the things the teacher was telling you or did most things make sense to you?
- Were the classes interesting to you? Do you think that the kinds of things that were being taught were the right things for a person like you?
- Are there ways that you think the classes could have been better for you?

### 4. Impact of Class

*Goal: To understand what the participants got out of the DSME class, whether they are more knowledgeable, and whether they understand how to put the knowledge into practice.*

- Do you feel like you learned new things during the classes?
  - Do you think you know more about diabetes than you did before the classes?
    - Do you understand the risks or what could happen if the diabetes is not treated?
  - Do you think you understand what you can do to get the diabetes under control?
    - Do you understand what tests you need to have done by your doctor or nurse? Do you understand how often they need to be done?
      - How do you know if your diabetes is under control? Do you check your blood sugar? Do you have a hemoglobin A1C test? How often do you do these things? What are good test results?
      - What other types of things did you learn in the class to prevent the complications of diabetes? Control your blood pressure? Have your cholesterol checked? Have your eyes checked?
    - Do you understand the kinds of changes you should make in your eating and in exercise?
  - Was most or some of the information new to you about caring for your diabetes and preventing health problems from diabetes?
- Are you doing anything differently now to take care of your health, than you were before the classes?
  - Are you eating less? Are you eating different foods?
  - Are you exercising more than you did before?
- Are you visiting the doctor more often or less, or getting any different type of medical care than you were before the classes?

- For things you are doing differently,
  - Have you noticed any effects on your health? In terms of test results? Weight loss? Feeling better?
  - Do you think you would have made these changes without the class?
  - Could you have gotten this information and support from somewhere else?
  - Do you think you will be able to continue these changes? Why or why not? What kinds of help or support do you need to keep these changes going?
- If you are not doing anything differently, why not?
  - What kinds of difficulties do you face in terms of getting the medical care you need, getting exercise, or eating in a more healthy way?  
[Discuss to understand extent of any financial, knowledge, and time barriers]

### 5. Closing

- Thinking about the classes you attended, is there anything you would say to the people that organized the classes about how to make them more helpful to people with diabetes?
- Is there anything you would say to the people that organized the classes about what they should not change?



**Focus Group Guide: Beneficiaries Who Received Diabetes Self-  
Management Education as a Result of QIO Prevention –  
Disparities Theme Effort**  
*Spanish Version*

1. How the Beneficiaries Were Recruited – Como los Beneficiarios Fueron Reclutados

*Goal: Explore how the participants found out about the DSME that they participated in. This is to help us understand whether participants' level of interest and engagement varies by recruitment setting and background of or relationship with person who recruited them.*

- ¿Cómo aprendió o escucho por primera vez sobre la clase de cómo manejar/controlar el diabetes?
  - ¿Quién le dijo—fue su doctor o médico regular, una enfermera en la oficina del doctor o en su clínica o consultorio o algún otro tipo de persona? Si fue “algún otro tipo de persona”, ¿sabe usted cuál es la posición o el trabajo de esta persona?
- ¿Cómo se siente usted acerca de que esa persona le hizo la sugerencia que usted participara en la clase? ¿Tiene usted una relación con esa persona? ¿Confía usted en que esa persona tiene los intereses de usted en mente cuando le sugiere que usted vaya a la clase? ¿Usted cree que él o ella le entendía a usted y a su situación de salud?
- ¿Por qué piensa usted que le sugirieron que usted participe en esa clase?
  - ¿Sabía usted en ese tiempo que usted tenía diabetes?
  - ¿Sabía usted que era un serio problema de salud?
  - ¿Sabía usted que habían cosas que usted podía hacer para manejar/controlar mejor a su diabetes o para prevenir problemas de salud causados por diabetes?
- ¿Es esta la primera vez que ha tenido alguna enseñanza sobre diabetes?

2. Class Structure, Perceptions about Leader and Other Participants – La Estructura de la Clase, Percepciones sobre (el/la) Líder y los Otros Participantes

*Goal: Learn about the general set-up of the class, perceptions of the leader and qualifications, comfort levels with leader and other participants.*

- ¿Me puede contar sobre la clase y cómo estaba organizada?
  - ¿Había un maestro o líder? ¿Qué tipo de persona era – era una enfermera, trabajadora o asistente social (“social worker”) o qué tipo de entrenamiento tenía la persona?
  - ¿Cree usted que (el/la) líder sabía mucho sobre diabetes y de cómo tratar a esta enfermedad? ¿Sabía bastante sobre cómo una persona con diabetes debería cuidarse?
  - ¿Pudieron explicar las cosas en forma que usted podía entender?
  - ¿Cree que (lo/la) entendían a usted? ¿Entendían a su situación de salud, sus antecedentes culturales y los problemas que usted podía confrontar en obtener servicios de salud (‘healthcare’) o para cuidarse mejor a sí mismo(a)?

- ¿Cuántos participantes habían en la clase? ¿Usted se sentía cómodo(a) con los otros participantes? ¿Usted cree que eran personas como usted? ¿Cómo eran parecidos a usted? ¿Cómo eran diferentes?

### 3. Content of Class – Contenido de la Clase

*Goal: Focus on what was learned and how it was taught. Purpose is to understand what kind of format participants prefer.*

- Durante la clase, ¿el maestro (o la maestra) pasaba la mayor parte del tiempo hablando con usted y diciéndole lo que usted debería hacer?
  - ¿El maestro (o la maestra) le hizo preguntas y trató de aprender sobre usted y de su salud? ¿Le preguntaron sobre sus preocupaciones y problemas en obtener servicios de salud ('healthcare') o en cuidarse a sí mismo(a)?
  - ¿Habían diferentes tipos de actividades – ustedes practicaron cómo hacer cosas o tomaron turnos para hablar?
- ¿Era difícil para usted entender las cosas que el maestro (o la maestra) le estaba diciendo o la mayor parte de las cosas tenían sentido para usted?
- ¿Las clases eran interesantes para usted? ¿Usted cree que el tipo de cosas que estaban enseñando eran las cosas correctas para una persona como usted?
- ¿Usted cree que hay maneras en las que las clases pudieran haber sido mejores para usted?

### 4. Impact of Class – Impacto de la Clase

*Goal: To understand what the participants got out of the DSME class, whether they are more knowledgeable, and whether they understand how to put the knowledge into practice.*

- ¿Se siente usted como si aprendió cosas nuevas durante las clases?
  - ¿Usted piensa que usted sabe más sobre diabetes de lo que sabía antes de las clases?
    - ¿Usted entiende los riesgos o lo que puede pasar si la diabetes no es tratada?
  - ¿Usted piensa que entiende lo que puede hacer para poner a la diabetes bajo control?
    - ¿Usted entiende que pruebas o exámenes usted necesita que le haga su doctor o enfermera? ¿Usted entiende con qué frecuencia necesitan hacerlas?
      - ¿Cómo sabe si su diabetes está bajo control? ¿Usted chequea el azúcar de su sangre? ¿Tiene usted una prueba de hemoglobina A1C? ¿Con qué frecuencia hace estas cosas? ¿Cuáles son resultados buenos de las pruebas?
      - ¿Qué otros tipos de cosas usted aprendió en la clase para prevenir las complicaciones de la diabetes? ¿Control de su presión arterial? ¿Chequear su colesterol? ¿Chequear sus ojos?
    - ¿Usted entiende los tipos de cambios que usted debería de hacer en sus comidas y en ejercicio?

- ¿La mayoría o parte de la información sobre el cuidado de su diabetes y la prevención de problemas de salud causadas por diabetes era nueva para usted?
- ¿Usted está haciendo algo diferente ahora para cuidar a su salud, de lo que hacía antes de las clases?
  - ¿Usted está comiendo menos? ¿Está comiendo comidas diferentes?
  - ¿Usted está haciendo más ejercicio de lo que hacía antes?
- ¿Usted está visitando al doctor con más frecuencia o menos, o está obteniendo algún tipo diferente de atención médica de lo que tenía antes de las clases?
  - Para las cosas que está haciendo de forma diferente:
    - ¿Ha notado algún efecto sobre su salud? ¿En término a los resultados de pruebas o exámenes? ¿Ha bajado en peso? ¿Se siente mejor?
    - ¿Usted piensa que pudiera haber hecho estos cambios sin la clase?
    - ¿Usted pudiera haber conseguido esta información y este apoyo de algún otro sitio?
    - ¿Usted piensa que va a poder continuar con estos cambios? ¿Por qué sí o por qué no? ¿Qué tipo de ayuda o apoyo necesita usted para mantener estos cambios en marcha?
  - Si usted no está haciendo nada diferente, ¿por qué no?
    - ¿Qué tipo de dificultades enfrenta en términos de conseguir la atención médica que usted necesita, hacer ejercicio o comer en forma más saludable?  
[Discutir para entender el grado de barreras económicas, de conocimiento y de tiempo]

## 5. Closing- Final

- Pensando de las clases a las que usted asistió, ¿hay algo que usted le diría a la gente que organizó las clases sobre cómo hacerlas de más ayuda para personas con diabetes?
- ¿Hay algo que usted le diría a la gente que organizó las clases sobre lo que no deben cambiar?



