APPENDIX C

**QIO SURVEY AND INVITATION LETTER** 

#### CMS LETTERHEAD ADVANCE LETTER - EVALUATION SURVEY OF THE 9TH QIO SOW

[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 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 your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name. 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 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 (<u>scroake@mathematica-mpr.com</u>) 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. Please be assured that your responses to the form and the surveys will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name. 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,

[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.

#### QUALITY IMPROVEMENT ORGANIZATION NAME

<u>Instructions:</u> 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.

		Recommende	d Respondent		
		First Name	Last Name	Email Address	Telephone
QIO Director Survey					
QIO Theme Leader Survey	X' next to each QIO theme				
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					

Please be assured that your response to this form will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

#### **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. Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name. 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 <u>sfelt-lisk@mathematica-mpr.com</u> or (202) 484-4519.

Sincerely,

#### **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.

Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

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 <u>sfelt-lisk@mathematica-mpr.com</u> or (202) 484-4519.

Sincerely,

#### **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.

Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

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 <u>sfelt-lisk@mathematica-mpr.com</u> or (202) 484-4519.

Sincerely,

# **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.

Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

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 <u>sfelt-lisk@mathematica-</u><u>mpr.com</u> or (202) 484-4519.

Sincerely,

#### **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. Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

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 <u>sfelt-lisk@mathematica-mpr.com</u> 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,

#### **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. Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

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 <u>sfelt-lisk@mathematica-mpr.com</u> or (202) 484-4519.

Sincerely,

#### **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. Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

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 <u>sfelt-lisk@mathematica-mpr.com</u> or (202) 484-4519.

Sincerely,

# **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.

Please be assured that your response to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

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 <u>sfelt-lisk@mathematica-mpr.com</u> or (202) 484-4519.

Sincerely,

Mathematica Reference No.: 06514.180



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

January 5, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: 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**.

		Colu	mn 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 🗆	o 🗆	
b.	How QIOs are evaluated?	1 🗆	o 🗆	
C.	Program emphasis on QIOSCs?	1 🗆	o 🗆	
d.	Program emphasis on data support functions?	1 🗆	o 🗆	
e.	How QIOs are expected to work with other providers?	1 🗆	o 🗆	
f.	How QIOs are expected to work with other health care organizations (such as provider associations or health plans)?	1 🗆	0 🗆	
g.	Other needed change (Please specify)	1 🗆	o 🗆	

	llenges
2.	What area of quality improvement is presenting the most important challenge for you in the 9th SOW?
Re	commended 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
	2.
	3.
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? 1 □ Yes → GO TO Q.5 0 □ No → Thank you for completing this survey. See return instructions below.
5.	
0.	Please list up to three things you would like to do to improve the quality of care in this state that you feel you canno do under the current contract.
0.	
0.	do under the current contract.
0.	do under the current contract.  1
	do under the current contract.         1.         2.
	do under the current contract.  1.  2.  3.  Thank you for completing the QIO Director Survey Please return your completed survey to the following:
0.	do under the current contract.   1.   2.   3.   Thank you for completing the QIO Director Survey Please return your completed survey to the following:   Via mail:   Via mail:   Via fax: Attn:   Mathematica Policy Research
	do under the current contract.  1.  2.  3.  Thank you for completing the QIO Director Survey Please return your completed survey to the following:  Via mail: Via fax:

Mathematica Reference No.: 06514.180



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

January 6, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

# 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 🗆	2 🗌	з 🗆	4 🗆
b. Contract language at the time of award	1 🗆	2	з 🗆	4 🗆
c. Contract modification(s) since award	1 🗆	2 🗌	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗆	2	з 🗆	4 🗆

#### 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 🗖	2 🗌	3 🗖	4 🗆
b.	Required reports to CMS capture meaningful information about the progress of the intervention	1 🗆	2 🗌	з 🗆	4 🗆
C.	The amount of CMS required documentation and reporting is reasonable	1 🗖	2 🗌	3 🗖	4 🗆
d.	The PATRIOT system worked well in the first six months of the contract	1 🗖	2 🗌	3 🗖	4 🗆
e.	The PATRIOT system worked well after the first six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆

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.



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 🗆	2	з 🗆	4 🗆
b.	Resources for this theme are sufficient to support goals	1 🗆	2	3 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗌	з 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2 🗌	3 🗆	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗖	3 🗖	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	з 🗆	4 🗌

# 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 🗆	2 🗌	з 🗆	4 🗆	5 🗖
b. Government Theme Leader	1 🗆	2 🗌	з 🗆	4 🗌	5 🗌
c. Contract Officer	1 🗆	2 🗌	з 🗆	4 🗆	5 🗖
d. CMS Project Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗖
e. Other CMS personnel (Specify role below)	1 🗆	2 🗌	3 🗖	4 🗆	5 🗌

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 helpful.		2 🗆	з 🗆	4 🗆
b. The CMS Project Officer understands QIO's interventions		2 🗌	з 🗆	4 🗆
c. Oral communication by CMS personne	l is 1□	2 🗆	з 🗆	4 🗆
d. Contract modification(s) required little to implement		2 🗌	3 🗆	4 🗆
e. Contract modifications improved the contract	1	2 🗆	з 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> □ Always consistent
  - <sup>2</sup> D Usually consistent
  - <sup>3</sup> D Rarely consistent
  - <sup>4</sup> D 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 🗆	о 🗆	
b. Enable design of intervention with high likelihood of success	1 🗆	о 🗆	
c. Identify disparities related to this theme	1 🗆	о 🗆	n 🗖
d. Identify what interventions are working elsewhere	1 🗆	o 🗖	n 🗆
e. Adequately justify the intervention to providers and others	1 🗆	о 🗆	n 🗖

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 🗆	2 🗌	з 🗆	o 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2 🗌	з 🗆	o 🗆
C.	Tools provided by the QIOSC (regardless of source)	1 🗆	2 🗌	з 🗆	o 🗆
d.	Data from IFMC that the QIO analyzes itself	1 🗆	2 🗌	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗖	2 🗌	3 🗌	o 🗖
f.	QualityNet conferences	1 🗆	2 🗌	з 🗆	o 🗖
g.	Conferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗆
i.	Key websites (other than MedQIC)	1 🗌	2 🗆	з 🗆	o 🗖
j.	Personal contacts with other QIOs	1 🗆	2 🗌	з 🗆	o 🗆
k.	Personal contacts with other health care organizations	1 🗖	2 🗌	3 🗆	o 🗖
I.	Other key information source (Please specify below)	1 🗆	2 🗌	3 🗖	0 🗆

# 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?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The tools and other resources that are available to support interventions related to this theme are of high quality	1 🗆	2 🗆	3 🗆	4 🗆
b. The tools and other resources that are available to support interventions related to this theme were available when we needed them	1 🗆	2 🗆	з 🗆	4 🗆
c. The tools and specifications that are available to support measurement related to this theme work well	1 🗆	2 🗆	3 🗆	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box \text{ No} \rightarrow \text{GO TO Q.14}$
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ$   $\Box$  No  $\rightarrow$  GO TO Q.16
- 15. Please describe the tool(s) or other resource(s) created.

# 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				
					Impor	Importance of Activity		
		Major component	Minor component	N/A	Very important	Somewhat important	Not very important	
a.	Forming new collaborations among providers	1 🗌	2	n 🗆	1 🗆	2 🗌	з 🗆	
b.	Forming new collaborations that include health organizations other than provider organizations	1 🗌	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆	
C.	Contributing to existing collaborations	1 🗆	2 🗌	n 🗖	1 🗆	2	3 🗆	
d.	Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve	1 🗆	2 🗆	n 🗆	1	2 🗆	3 🗆	

#### 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 🗖	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆	
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	з 🗆	
d.	Interacting with top leadership of provider organizations	1 🗖	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
e.	Helping integrate clinical guidelines into health information systems	1 🗖	2 🗆	n 🗖	1 🗆	2 🗌	3 🗌	
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆	
g.	Discussing providers' own performance with them	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	з 🗆	
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗆	3 🗆	

#### **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 🗆	2 🗌	n	1 🗆	2 🗌	3 🗆
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	з 🗆
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	3 🗌
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1 🗆	2 🗆	n 🗆	1	2 🗌	з 🗆

#### **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.

	Column A		Column B			
				Importance of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme	1 🗆	2 🗆	n	1 🗆	2 🗆	3 🗆

#### **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.

	Column A			Column B			
					tance of A	ctivity	
	Major component	Minor component	N/A	Very Somewhat important important		Not very important	
a. Encouraging and training on the use of the CARE instrument		2 🗆	n 🗖	1 🗆	2 🗌	3 🗌	
b. Use of a Transitions Coach	1 🗆	2	n 🗖	1 🗆	2 🗌	з 🗆	

# **SECTION V: STAFFING**

- 21. Think about the person <u>most responsible</u> 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
  - <sup>2</sup> D Associate's degree
  - <sup>3</sup> □ Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D 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:

  - 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
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc]
- 6 □ Doctoral degree [EdD, PhD]
- 7 D 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
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> Doctoral degree [EdD, PhD]
- 7 D 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
а.	QIO staff assigned to this theme have the right substantive expertise and experience	1 🗆	2 🗆	3 🗖	4 🗆
b.	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗌	з 🗆	4 🗆
C.	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗆	2 🗌	3 🗆	4 🗌

#### 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
  - 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 <u>most relevant</u> 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 <u>first</u> organization listed at Question 26.

Г

		Yes	No
a.	The association employs at least one staff member with major responsibility and time devoted to quality improvement	1 🗖	o 🗖
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗆	o 🗖
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗖	o 🗖
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗖
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 🗆	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗖
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗖	o 🗖
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗆

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 <u>second</u> organization listed at Question 26. If only one organization was listed at Question 26, go to Question 29.

-

		Yes	No
	bys at least one staff member with major devoted to quality improvement	. 1 🗆	o 🗆
	lO talk periodically (e.g. quarterly) to avoid	. 1 🗆	o 🗖
-	peak at association-sponsored meetings at	. 1 🗆	o 🗖
	ors a quality-focused entity, such as a uality Institute	. 1 🗆	o 🗆
substantial in scope (s	NO work jointly on one or more QI efforts uch as co-sponsoring in-person meetings	. 10	o 🗆
	to work with a different set of providers than		
	to work on QI projects that are entirely		
	rily focuses on quality reporting issues rather ent		

#### 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
  - $\circ$   $\Box$  No  $\rightarrow$  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 <u>first</u> organization listed in Question 30 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 A lot
  - <sup>2</sup> D A moderate amount
  - ₃ □ A little
  - ₄ □ Not at all
  - d 🛛 Don't know
- 32. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.

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

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\square$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
e.	Workforce turnover is a large barrier to improvement	1 🗆	2 🗌	3 🗖	4 🗖	d 🗖

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - <sup>4</sup>  $\square$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a.	Poorly performing providers often have financial and management problems	1 🗆	2 🗌	3 🗆	4 🗌	d 🗆
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗆	d 🗔
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 🗆	2 🗆	з 🗆	4 🗖	d 🗆
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 🗆	2 🗌	з 🗆	4 🗔	d 🗖
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗌	3 🗆	4 🗆	d 🗔

#### 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 D Standardized announcement to eligible providers from the QIO
- <sup>2</sup> QIO initiated personalized contact with providers
- <sup>3</sup> D Provider associations or other organizations outside the QIO delivered announcement
- <sup>4</sup> D Joint announcement made by QIO and provider associations or other organizations outside the QIO
- <sup>₅</sup> □ 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.

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

- 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.
  - <sup>1</sup> D More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - $_3$   $\square$  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
  - <sup>2</sup> It took a moderate amount of effort to secure enough providers
  - $_{3}$   $\Box$  It took only a little bit of effort to secure enough providers  $\rightarrow$  GO TO Q.45
- 44. Please tell us what types of providers were the most difficult to persuade to participate?

- 45. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \text{ No} \rightarrow \text{GO TO Q.47}$
- 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	II
c. Intermittent participation	II
d. Never participated very actively	
TOTAL	100%

- 50. Did the QIO exclude providers who expressed interest in participating, due to limited resources?
  - Yes, many providers who expressed interest had to be excluded GO TO Q.51
  - $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $_{\sim}$
  - ₀ □ No, no providers who expressed interest had to be excluded → 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>: <u>scroake@mathematica-mpr.com</u> Mathematica Reference No.: 06514.180



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

January 6, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

### 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 🗆	2	з 🗆	4 🗆
b. Contract language at the time of award	1 🗆	2	з 🗆	4 🗆
c. Contract modification(s) since award	1 🗖	2	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗖	2	з 🗆	4 🗆

#### 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 🗆	2 🗌	3 🗖	4 🗆
b.	Required reports to CMS capture meaningful information about the progress of the intervention	1 🗆	2 🗌	з 🗆	4 🗆
C.	The amount of CMS required documentation and reporting is reasonable	1 🗆	2 🗖	3 🗖	4 🗆
d.	The PATRIOT system worked well in the first six months of the contract	1 🗆	2 🗌	3 🗆	4 🗆
e.	The PATRIOT system worked well after the first six months of the contract	1 🗆	2 🗌	3 🗆	4 🗆

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.



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 🗆	2	з 🗆	4 🗆
b.	Resources for this theme are sufficient to support goals	1 🗆	2	3 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗌	3 🗖	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2 🗌	з 🗆	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗆	3 🗆	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	з 🗆	4 🗌

#### 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 🗆	2 🗌	з 🗆	4 🗌	5 🗆
b. Government Theme Leader	1 🗆	2 🗌	з 🗆	4 🗌	5 🗆
c. Contract Officer	1 🗆	2 🗌	3 🗌	4 🗌	5 🗖
d. CMS Project Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗌
e. Other CMS personnel (specify role below):	1 🗆	2 🗌	3 🗖	4 🗆	5 🗆

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 🗆	2 🗆	з 🗆	4 🗆
<ul> <li>b. The CMS Project Officer understands the QIO's interventions</li> </ul>	. 1 🗆	2 🗌	з 🗆	4 🗆
c. Oral communication by CMS personnel is clear	. 1 🗆	2 🗌	з 🗆	4 🗆
d. Contract modification(s) required little effort to implement	. 1 🗆	2 🗌	3 🗆	4 🗆
e. Contract modifications improved the contract	. 1 🗆	2 🗆	3 🗖	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> Always consistent
  - <sup>2</sup> Usually consistent
  - $_3$   $\square$  Rarely consistent
  - <sup>4</sup> D 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 🗖	o 🗖	
b.	Enable design of intervention with high likelihood of success	1 🗆	o 🗆	
c.	Identify disparities related to this theme	1 🗖	o 🗖	n 🗆
d.	Identify what interventions are working elsewhere	1 🗖	o 🗖	n 🗆
e.	Adequately justify the intervention to providers and others	1 🗆	o 🗆	n 🗆

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 🗆	2 🗌	3 🗌	o 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2	з 🗆	o 🗆
C.	Tools provided by the QIOSC (regardless of source)	1 🗖	2 🗌	3 🗌	o 🗆
d.	Data from IFMC that the QIO analyzes itself	1 🗆	2	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗆	2 🗌	3 🗆	o 🗖
f.	QualityNet conferences	1 🗆	2	3 🗌	o 🗆
g.	Conferences sponsored by other organizations	1 🗆	2 🗌	3 🗆	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	3 🗖	о 🗆
i.	Key websites (other than MedQIC)	1 🗆	2 🗌	3 🗌	o 🗆
j.	Personal contacts with other QIOs	1 🗌	2 🗌	3 🗌	o 🗖
k.	Personal contacts with other health care organizations	1 🗆	2 🗌	з 🗆	o 🗆
I.	Other key information source (Please specify below)	1 🗆	2 🗌	3 🗌	o 🗆

#### 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?

		Strongly agree	Agree	Disagree	Strongly disagree
a.	The tools and other resources that are available to support interventions related to this theme are of high quality	1 🗆	2 🗌	з 🗆	4 🗆
b.	The tools and other resources that are available to support interventions related to this theme were available when we needed them	1 🗆	2 🗌	з 🗆	4 🗆
C.	The tools and specifications that are available to support measurement related to this theme work well	1 🗆	2 🗌	з 🗆	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $_{\circ}$   $\Box$  No  $\rightarrow$  Go to Question 14
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $_{\circ}$   $\Box$  No  $\rightarrow$  Go to Question 16
- 15. Please describe the tool(s) or other resource(s) created.

#### 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		
					Impor	tance of A	ctivity
		Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a.	Forming new collaborations among providers	1 🗌	2 🗌	n 🗖	1 🗆	2 🗌	з 🗆
b.	Forming new collaborations that include health organizations other than provider organizations	1 🗌	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
C.	Contributing to existing collaborations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	з 🗆
d.	Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve	1 🗌	2 🗆	n 🗆	1	2 🗌	3 🗆

#### 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			
					Impor	Importance of Activity		
		Major component	Minor component	N/A	Very important	Somewhat important	Not very important	
а.	Problem-solving or strategizing with individual providers at their request	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆	
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗌	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗖	1 🗆	2	з 🗆	
d.	Interacting with top leadership of provider organizations	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
e.	Helping integrate clinical guidelines into health information systems	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
g.	Discussing providers' own performance with them	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	з 🗆	
h.	Training staff within provider organizations	1 🗌	2 🗌	n 🗖	1 🗌	2 🗌	з 🗆	

#### **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		
					Impor Very	tance of Ac	Not very
		Major Component	Minor Component	N/A	important	important	important
a.	Providing one-to-many educational or shared learning sessions via telephone	1 🗆	2 🗌	n 🗌	1 🗆	2 🗆	3 🗆
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗆	n 🗖	1 🗆	2 🗌	3 🗌
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	3 🗆

#### **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.

		Column A			Column B		
					Impor	tance of Ac	ctivity
		Major component	Minor component	N/A	Very Somewhat Not very important important		
a.	Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	3 🗆

#### **SECTION V: STAFFING**

- 20. Think about the person <u>most responsible</u> 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
  - <sup>2</sup> D Associate's degree
  - <sup>3</sup> □ Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D 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
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D 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
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> 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?

		Strongly agree	Agree	Disagree	Strongly disagree
t	QIO staff assigned to this theme have the right substantive expertise and experience	1 🗆	2 🗌	3 🗆	4 🗆
t	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗌	з 🗆	4 🗆
v	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗆	2 🗌	3 🗆	4 🗌

#### 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?
  - 1 
    Regulatory oversight
  - <sup>2</sup> Actively engaged with others (such as the QIO and/or other provider organizations) to foster quality improvements
  - ₃ 🗆 🛛 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 <u>most relevant</u> to this theme.

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 <u>first</u> 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	1 🗌	o 🗆
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗆	o 🗆
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗆	o 🗆
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗆
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 🗆	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗆
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗆	o 🗖
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗆

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 <u>second</u> 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 🗌	o 🗆
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗆	o 🗖
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗆	o 🗖
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗖
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 🗌	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗖
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗆	o 🗖
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗆

#### 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
  - $\circ \Box \quad \text{No} \rightarrow \textbf{GO TO Q.324}$
- 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.\_\_\_\_\_\_

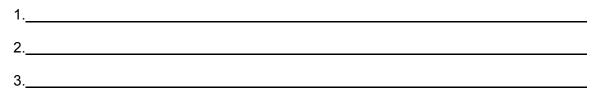
- 31. To what extent does the headquarters of the <u>first</u> organization listed in Question 29 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 🛛 A lot
  - $_2$   $\Box$  A moderate amount
  - ₃ □ A little
  - ₄ □ Not at all
  - d 🗆 Don't know
- 31. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.)



#### 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.

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

#### 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?
  - 1 
    Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  Home health agencies
- 35. Does state-level public reporting relevant to this theme exist in this state?
  - 1 🗆 Yes
  - ₀ □ 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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	3 🗆	4 🗌	d 🗖
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
e.	Workforce turnover is a large barrier to improvement	1 🗆	2 🗌	3 🗖	4 🗆	d 🗖

#### 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
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
а.	Poorly performing providers often have financial and management problems	1 🗆	2 🗌	3 🗆	4 🗌	d 🗆
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
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 🗆	2 🗌	з 🗆	4 🗔	d 🗆
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗌	3 🗆	4 🗌	d 🗆

#### 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
- $_5 \square$  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.

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

- 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.
  - $_{1}$   $\square$  More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - $_{3}$   $\Box$  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?
  - $1 \square$  It took a lot of effort to secure enough providers
  - <sup>2</sup> It took a moderate amount of effort to secure enough providers
  - $_{3}$   $\Box$  It took only a little bit of effort to secure enough provider  $\rightarrow$  GO TO Q.44
- 43. Please tell us what types of providers were the most difficult to persuade to participate?

- 44. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \quad No \rightarrow GO TO Q.46$
- 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 throug	jhout			
b. Participated less over time		II		
c. Intermittent participation		II		
d. Never participated very act	ively	II		
	TOTAL	100%		

- 49. Did the QIO exclude providers who expressed interest in participating, due to limited resources?
  - $1 \square$  Yes, many providers who expressed interest had to be excluded  $\gamma$

GO TO Q.50

- $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $\sim$
- □ 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:

<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>: scroake@mathematica-mpr.com

Mathematica Reference No.: 06514.180



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

January 6, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <u>scroake@mathematica-mpr.com</u>.

# 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 🗆	2 🗌	з 🗆	4 🗆
b. Contract language at the time of award	1 🗆	2	з 🗆	4 🗆
c. Contract modification(s) since award	1 🗆	2 🗌	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗆	2	з 🗆	4 🗆

#### 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 🗆	2 🗌	3 🗖	4 🗆
b.	Required reports to CMS capture meaningful information about the progress of the intervention	1 🗆	2 🗌	з 🗆	4 🗌
C.	The amount of CMS required documentation and reporting is reasonable	1 🗖	2 🗆	3 🗆	4 🗆
d.	The PATRIOT system worked well in the first six months of the contract	1 🗆	2	3 🗆	4 🗆
e.	The PATRIOT system worked well after the first six months of the contract	1 🗆	2 🗌	3 🗖	4 🗆

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.



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 🗆	2	з 🗆	4 🗆
b.	Resources for this theme are sufficient to support goals	1 🗆	2	3 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗌	з 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2 🗌	3 🗆	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗖	3 🗖	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	з 🗆	4 🗌

#### 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 🗆	2 🗌	з 🗆	4 🗆	5 🗖
b. Government Theme Leader	1 🗆	2 🗌	з 🗆	4 🗌	5 🗌
c. Contract Officer	1 🗆	2 🗌	з 🗆	4 🗆	5 🗖
d. CMS Project Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗖
e. Other CMS personnel (Specify role below)	1 🗆	2 🗌	3 🗖	4 🗆	5 🗌

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 🗆	2 🗌	з 🗆	4 🗆
b. The CMS Project Officer understands the QIO's interventions	1 🗆	2 🗌	3 🗆	4 🗆
c. Oral communication by CMS personnel is clear	1 🗆	2 🗌	3 🗖	4 🗆
d. Contract modification(s) required little effort to implement	1 🗆	2 🗌	3 🗆	4 🗆
e. Contract modifications improved the contract	1 🗆	2 🗌	з 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> □ Always consistent
  - <sup>2</sup> D Usually consistent
  - 3 □ Rarely consistent
  - <sup>4</sup> D 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.

		Column A				Column B	
					Impo	ortant of Ac	tivity
		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 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Making presentations on- site at individual providers .	1 🗆	2 🗌	n 🗖	1 🗆	2 🗆	з 🗆
d.	Interacting with top leadership of provider organizations	1 🗆	2 🗌	n 🗔	1 🗆	2 🗌	3 🗌
e.	Helping integrate clinical guidelines into health information systems	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗌
g.	Discussing providers' own performance with them	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2	3 🗆

#### Patient Safety

- 10. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?
  - 1 D Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> D Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - <sup>n</sup> 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 D Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> D Marginally valuable
  - <sup>4</sup> D 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	%	6
b.	Medicare Advantage plans	%	6
C.	Prescription Drug Sponsor plans (PDPs) under Part D _  _	%	6
d.	Other (Please specify)	%	6

**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 🗖	2 🗌	3 🗌	d 🗖
b. Medicare Advantage plans	1 🗆	2	з 🗆	d 🗆
c. Prescription Drug Sponsor plans (PDPs) under Part D	1 🗆	2 🗌	з 🗆	d 🗖
d. Other (Specify)	1 🗖	2 🗌	3 🗆	d 🗌

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 🗆	2 🗌	з 🗆	d 🗖
b. Medicare Advantage plans	1 🗆	2	3 🗆	d 🗖
c. Prescription Drug Sponsor plans (PDPs) under Part D	1 🗆	2 🗌	3 🗌	d 🗖
d. Other (Specify)	1 🗖	2 🗌	3 🗖	d 🗖

15. What has been the QIO's most important contribution thus far under the drug safety subtheme? 16. What lessons have you learned about partnering with other organizations to improve drug safety?

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

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

Please return your completed survey to the following:

<u>Via mail</u> :	<u>Via fax</u> :
Mathematica Policy Research	Attn: Sarah Croake
c/o Sarah Croake	202-863-1763
Suite 550, 600 Maryland Ave., SW	<u>Via email attachment</u> :
Washington, DC 20024	<u>scroake@mathematica-mpr.com</u>

Mathematica Reference No.: 06514.180

MATHEMATICA Policy Research, Inc.

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

January 6, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

## 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 🗖	2	з 🗆	4 🗆
b. contract language at the time of award	1 🗖	2	з 🗆	4 🗆
c. contract modification(s) since award	1 🗖	2	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗖	2	з 🗆	4 🗆

#### 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 🗆	2 🗌	3 🗖	4 🗆
b.	Required reports to CMS capture meaningful information about the progress of the intervention	1 🗆	2 🗌	з 🗆	4 🗆
C.	The amount of CMS required documentation and reporting is reasonable	1 🗆	2 🗌	3 🗆	4 🗆
d.	The PATRIOT system worked well in the first six months of the contract	1 🗆	2 🗌	3 🗆	4 🗆
e.	The PATRIOT system worked well after the first six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆

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 🗆	2 🗌	3 🗆	4 🗆
b.	Resources for this theme are sufficient to support goals	1 🗆	2 🗌	3 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗖	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗌	з 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	3 🗖	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2 🗌	з 🗆	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗌	3 🗆	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	3 🗆	4 🗌

#### 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 🗆	2 🗌	з 🗆	4 🗆	5 🗌
b. Government Theme Leader	1 🗆	2 🗆	з 🗆	4 🗆	5 🗆
c. Contract Officer	1 🗆	2 🗌	з 🗆	4 🗆	5 🗆
d. CMS Project Officer	1 🗆	2 🗌	3 🗌	4 🗆	5 🗆
e. Other CMS personnel (Specify role below)	1 🗌	2 🗌	з 🗆	4 🗆	5 🗖

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 🗆	2 🗆	3 🗆	4 🗆
b.	The CMS Project Officer understands the QIO's interventions	1 🗆	2 🗌	3 🗆	4 🗆
C.	Oral communication by CMS personnel is clear	1 🗆	2 🗆	3 🗆	4 🗆
d.	Contract modification(s) required little effort to implement	1 🗆	2 🗌	3 🗆	4 🗆
e.	Contract modifications improved the contract	1 🗆	2 🗌	3 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> □ Always consistent
  - <sup>2</sup> Usually consistent
  - <sup>3</sup> □ 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 🗆	o 🗆	
b. Enable design of intervention with high likelihood of success	1 🗆	o 🗆	
c. Identify disparities related to this theme	1 🗆	o 🗆	n 🗖
d. Identify what interventions are working elsewhere	1 🗆	o 🗆	n 🗖
e. Adequately justify the intervention to providers and others	1 🗆	o 🗆	n 🗖

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
а.	Reports from the QIOSC that contain data analysis	1 🗆	2 🗌	3 🗆	0 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2 🗌	з 🗆	o 🗆
C.	Tools provided by the QIOSC (regardless of source)	1 🗆	2 🗌	3 🗆	o 🗆
d.	Data from IFMC that the QIO analyzes itself	1 🗌	2 🗌	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗆	2 🗌	з 🗆	o 🗖
f.	QualityNet conferences	1 🗆	2 🗌	з 🗆	o 🗆
g.	Conferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	3 🗆	o 🗖
i.	Key websites (other than MedQIC)	1 🗆	2 🗌	з 🗆	o 🗆
j.	Personal contacts with other QIOs	1 🗌	2 🗆	з 🗖	o 🗖
k.	Personal contacts with other health care organizations	1 🗆	2 🗌	3 🗆	o 🗆
I.	Other key information source ( <i>Please specify below</i> )	1 🗆	2 🗌	3 🗖	o 🗖

#### 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?

		Strongly agree	Agree	Disagree	Strongly disagree
ava	e tools and other resources that are ilable to support interventions related to theme are of high quality	1 🗆	2 🗌	з 🗆	4 🗆
ava this	e tools and other resources that are ilable to support interventions related to theme were available when we needed m	1 🗆	2 🗆	з 🗆	4 🗆
ava	e tools and specifications that are ilable to support measurement related to theme work well	1 🗌	2 🗌	3 🗆	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box \quad \text{No} \rightarrow \textbf{GO TO Q.14}$
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - ₁ □ Yes
  - $\circ \Box$  No  $\rightarrow$  GO TO Q.16
- 15. Please describe the tool(s) or other resource(s) created.

#### 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.

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

#### 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.

			Column A			Column B	
					Impoi	rtance of Ac	ctivity
		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 🗖	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
d.	Interacting with top leadership of provider organizations	1 🗖	2 🗌	n 🗆	1 🗌	2 🗌	3 🗌
e.	Helping integrate clinical guidelines into health information systems	1 🗖	2 🗆	n 🗆	1 🗆	2 🗆	3 🗌
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
g.	Discussing providers' own performance with them	1 🗆	2	n 🗆	1 🗆	2 🗌	3 🗆
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆

#### **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.

		Column A			Impor	Column B	ctivity
		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 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗌	2 🗌	3 🗆
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1 🗌	2 🗆	n 🗆	1 🗌	2 🗌	3 🗆

#### **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.

	Column A		Impor	Column B tance of Ac	ctivity	
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme	1 🗆	2 🗆		1 🗆	2 🗆	3 🗆

#### Patient Safety

- 20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?
  - 1 
    Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - <sup>₅</sup> □ Did not attend any annual in-person meetings sponsored by CMS
- 21. How valuable was the "change package" that CMS developed for this theme?
  - <sup>1</sup> □ Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - d 🗆 Don't know

#### **SECTION V: STAFFING**

- 22. Think about the person <u>most responsible</u> 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:
    - <sup>1</sup> □ Some college
    - <sup>2</sup>  $\square$  Associate's degree
    - 3 □ Bachelor's degree
    - ₄ □ Master's degree
    - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
    - 6 □ Doctoral degree [EdD, PhD]
    - 7  $\Box$  Other (*Please specify*)
  - b. Field of study, if applicable:
  - c. Years of relevant QI experience:

I			YE	ĒA	RS
	_			-/ `	

- d. Years of experience working with the types of providers or organizations relevant to this theme:
  - |\_\_| YEARS
- e. Professional level:
  - 1 
    Executive
  - $_2$   $\square$  Senior
  - 3 □ Mid-Level
  - 4 🗆 Junior
  - $_{5}$   $\Box$  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:
  - <sup>1</sup> □ Some college
  - <sup>2</sup>  $\square$  Associate's degree
  - 3 □ Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
  - <sup>6</sup> □ 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

- <sup>1</sup> □ Some college
- <sup>2</sup>  $\square$  Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> □ 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?

		Strongly agree	Agree	Disagree	Strongly disagree
a.	QIO staff assigned to this theme have the right substantive expertise and experience	1 🗆	2 🗌	з 🗆	4 🗆
b.	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗆	3 🗆	4 🗆
C.	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗆	2 🗆	з 🗆	4 🗔

#### 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
  - <sup>2</sup> 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 <u>most relevant</u> 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 <u>first</u> organization listed at Question 27.

		Yes	No
major responsibility a	oys at least one staff member with nd time devoted to quality	1 🗆	o 🗆
	QIO talk periodically (e.g., quarterly)	1 🗆	o 🗖
	speak at association-sponsored e per year	1 🗆	o 🗖
	sors a quality-focused entity, such as Quality Institute	1 🗆	o 🗖
QI efforts substantial	QIO work jointly on one or more in scope (such as co-sponsoring ocused on QI)	1 🗆	o 🗖
	s to work with a different set of O	1 🗆	о 🗆
	s to work on QI projects that are the QIO	1 🗆	o 🗖
-	arily focuses on quality reporting ality improvement	1 🗆	o 🗖

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 <u>second</u> 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 🗆	o 🗆
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗆	o 🗖
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗆	o 🗖
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗆
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 🗆	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗖
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗆	o 🗖
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗆

#### 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
  - $\circ$   $\Box$  No  $\rightarrow$  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.\_\_\_\_\_
- 32. To what extent does the headquarters of the <u>first</u> organization listed in Question 31 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 A lot
  - <sup>2</sup> D A moderate amount
  - ₃ □ A little
  - ₄ □ Not at all
  - d 🗆 Don't know
- 33. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.

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

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
e.	Workforce turnover is a large barrier to improvement	1 🗖	2 🗆	3 🗖	4 🗖	d 🗖

#### 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
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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 🗆	2 🗆	3 🗆	4 🗌	d 🗆
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
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 🗆	2 🗌	з 🗆	4 🗔	d 🗆
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗆	3 🗆	4 🔲	d 🗆

#### 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
- $_5 \square$  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.

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

- 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.
  - $_{1}$   $\square$  More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - $_{3}$   $\Box$  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?
  - $1 \square$  It took a lot of effort to secure enough providers
  - <sup>2</sup> It took a moderate amount of effort to secure enough providers
  - $_{3}$   $\Box$  It took only a little bit of effort to secure enough provider  $\rightarrow$  GO TO Q.46
- 45. Please tell us what types of providers were the most difficult to persuade to participate?

- 46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \quad No \rightarrow GO TO Q.48$
- 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	III
b. Participated less over time	III
c. Intermittent participation	III
d. Never participated very actively	II
TOTAL	100%

- 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>

GO TO Q.52

- $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $\downarrow$
- ₀ □ No, no providers who expressed interest had to be excluded → 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> :	<u>Via fax</u> :
Mathematica Policy Research	Attn: Sarah Croake
c/o Sarah Croake	202-863-1763
Suite 550, 600 Maryland Ave., SW	<u>Via email attachment</u> :
Washington, DC 20024	<u>scroake@mathematica-mpr.com</u>

Mathematica Reference No.: 06514.180



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

January 7, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

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 🗆	2 🗌	з 🗆	4 🗆
b. Contract language at the time of award	1 🗆	2	з 🗆	4 🗆
c. Contract modification(s) since award	1 🗆	2 🗌	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗆	2	з 🗆	4 🗆

#### 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 🗖	2 🗌	3 🗖	4 🗆
b.	Required reports to CMS capture meaningful information about the progress of the intervention	1 🗆	2 🗌	з 🗆	4 🗆
C.	The amount of CMS required documentation and reporting is reasonable	1 🗖	2 🗌	3 🗖	4 🗆
d.	The PATRIOT system worked well in the first six months of the contract	1 🗖	2 🗌	3 🗖	4 🗆
e.	The PATRIOT system worked well after the first six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆

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.



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 🗆	2 🗌	з 🗆	4 🗆
b.	Resources for this theme are sufficient to support goals	1 🗆	2 🗌	3 🗖	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗌	3 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2 🗌	з 🗆	4
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗌	3 🗆	4 🗌
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	3 🗆	4 🗆

#### 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 🗆	2 🗌	3 🗆	4 🗌	5 🗆
b. Government Theme Leader	1 🗆	2 🗌	з 🗆	4 🗌	5 🗆
c. Contract Officer	1 🗆	2 🗌	3 🗆	4 🗌	5 🗆
d. CMS Project Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗆
e. Other CMS personnel (Specify role below)	1 🗆	2 🗌	з 🗆	4 🗖	5 🗆

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 🗆	2 🗆	з 🗆	4 🗆
<ul> <li>b. The CMS Project Officer understands the QIO's interventions</li> </ul>	. 1 🗆	2 🗌	з 🗆	4 🗆
c. Oral communication by CMS personnel is clear	. 1 🗆	2 🗌	з 🗆	4 🗆
d. Contract modification(s) required little effort to implement	. 1 🗆	2 🗌	з 🗆	4 🗌
e. Contract modifications improved the contract	. 1 🗆	2 🗌	з 🗆	4 🗆

#### 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 D Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> D Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - <sup>n</sup> 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?
  - <sup>1</sup> □ Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> D Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - d 🛛 Don't know
- 10. Think about the nursing home you first worked with under the nursing homes in need subtheme. 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	<u> </u>  _  %
C.	Training or other interventions	<u> </u>  _  %
d.	Finding or preparing educational materials for the NHIN	%
e.	Follow-up assessment	%
f.	Other (Please specify)	<u> </u>  _  %
	TOTAL	100%

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?

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

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

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

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

#### 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

Via email attachment: scroake@mathematica-mpr.com Mathematica Reference No.: 06514.180

MATHEMATICA Policy Research, Inc.

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

January 6, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

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 🗆	2 🗌	з 🗆	4 🗆
b. contract language at the time of award	1 🗖	2	з 🗆	4 🗆
c. contract modification(s) since award	1 🗖	2	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗖	2	з 🗆	4 🗆

#### 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
	CMS documentation and reporting requirements are clear	1 🗆	2 🗌	3 🗖	4 🗆
r	Required reports to CMS capture meaningful information about the progress of the intervention	1 🗆	2 🗌	з 🗆	4 🗆
	The amount of CMS required documentation and reporting is reasonable	1 🗆	2 🗖	3 🗖	4 🗆
	The PATRIOT system worked well in the irst six months of the contract	1 🗆	2 🗆	3 🗖	4 🗆
	The PATRIOT system worked well after the irst six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆

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 🗆	2 🗌	3 🗌	4 🗌
b.	Resources for this theme are sufficient to support goals	1 🗆	2 🗆	з 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗆	з 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2	3 🗌	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗆	3 🗆	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	3 🗆	4 🗌

#### 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 🗆	2 🗌	з 🗆	4 🗆	5 🗌
b. Government Theme Leader	1 🗆	2 🗆	з 🗆	4 🗆	5 🗆
c. Contract Officer	1 🗆	2 🗌	з 🗆	4 🗆	5 🗆
d. CMS Project Officer	1 🗆	2 🗌	3 🗌	4 🗆	5 🗆
e. Other CMS personnel (Specify role below)	1 🗌	2 🗌	з 🗆	4 🗖	5 🗖

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 🗆	2 🗆	3 🗆	4 🗆
b.	The CMS Project Officer understands the QIO's interventions	1 🗆	2 🗌	3 🗆	4 🗆
-	Oral communication by CMS personnel is clear	1 🗆	2 🗆	3 🗆	4 🗆
d.	Contract modification(s) required little effort to implement	1 🗆	2 🗌	3 🗆	4 🗆
e.	Contract modifications improved the contract	1 🗆	2 🗌	3 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> □ Always consistent
  - <sup>2</sup> Usually consistent
  - <sup>3</sup> □ 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 🗆	o 🗆	
b. Enable design of intervention with high likelihood of success	1 🗆	o 🗆	
c. Identify disparities related to this theme	1 🗆	o 🗆	n 🗖
d. Identify what interventions are working elsewhere	1 🗆	o 🗆	n 🗖
e. Adequately justify the intervention to providers and others	1 🗆	o 🗆	n 🗖

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
а.	Reports from the QIOSC that contain data analysis	1 🗆	2 🗌	3 🗆	0 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2 🗌	з 🗆	o 🗆
C.	Tools provided by the QIOSC (regardless of source)	1 🗆	2 🗌	3 🗆	o 🗆
d.	Data from IFMC that the QIO analyzes itself	1 🗌	2 🗌	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗆	2 🗌	з 🗆	o 🗖
f.	QualityNet conferences	1 🗖	2 🗌	з 🗆	o 🗆
g.	Conferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	3 🗆	o 🗖
i.	Key websites (other than MedQIC)	1 🗆	2 🗌	з 🗆	o 🗆
j.	Personal contacts with other QIOs	1 🗌	2 🗆	з 🗖	o 🗖
k.	Personal contacts with other health care organizations	1 🗆	2 🗌	3 🗆	o 🗆
I.	Other key information source ( <i>Please specify below</i> )	1 🗆	2 🗌	3 🗖	o 🗖

#### 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?

		Strongly agree	Agree	Disagree	Strongly disagree
a. The tools and other re available to support in this theme are of high		1 🗆	2 🗆	3 🗆	4 🗆
<ul> <li>b. The tools and other re available to support in this theme were availa them</li> </ul>	terventions related to able when we needed	1 🗆	2 🗆	3 🗆	4 🗆
	ations that are easurement related to	1 🗌	2 🗌	3 🗆	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box \quad \text{No} \rightarrow \textbf{GO TO Q.14}$
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box$  No  $\rightarrow$  GO TO Q.16
- 15. Please describe the tool(s) or other resource(s) created.

#### 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 Somewhat Not very important important important		
a.	Forming new collaborations among providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
b.	Forming new collaborations that include health organizations other than provider organizations	1 🗌	2 🗌	n 🗆	1 🗆	2 🗆	3 🗌
C.	Contributing to existing collaborations	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
d.	Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	з 🗆

#### 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	
					Impoi	rtance of Ac	ctivity
		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 🗖	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
d.	Interacting with top leadership of provider organizations	1 🗖	2 🗌	n 🗆	1 🗌	2 🗌	3 🗌
e.	Helping integrate clinical guidelines into health information systems	1 🗖	2 🗌	n 🗆	1 🗆	2 🗆	3 🗌
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
g.	Discussing providers' own performance with them	1 🗆	2	n 🗆	1 🗆	2 🗌	3 🗆
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆

#### **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		Impor	Column B	ctivity
		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 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1 🗌	2 🗆	n 🗆	1	2 🗌	3 🗆

#### **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.

		Column A		Column B Importance of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme	1 🗆	2 🗆		1 🗆	2 🗆	3 🗆

#### Patient Safety

- 20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?
  - 1 
    Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - <sup>₅</sup> □ Did not attend any annual in-person meetings sponsored by CMS
- 21. How valuable was the "change package" that CMS developed for this theme?
  - <sup>1</sup> □ Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - d 🗆 Don't know

#### **SECTION V: STAFFING**

- 22. Think about the person <u>most responsible</u> 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:
    - <sup>1</sup> □ Some college
    - ₂ □ Associate's degree
    - 3 □ Bachelor's degree
    - ₄ □ Master's degree
    - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
    - 6 □ Doctoral degree [EdD, PhD]
    - 7  $\Box$  Other (*Please specify*)
  - b. Field of study, if applicable:
  - c. Years of relevant QI experience:

I			YE	ĒA	RS
	_			-/ `	

- d. Years of experience working with the types of providers or organizations relevant to this theme:
  - |\_\_| YEARS
- e. Professional level:
  - 1 
    Executive
  - $_2$   $\square$  Senior
  - 3 □ Mid-Level
  - 4 🗆 Junior
  - $5 \square$  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:
  - <sup>1</sup> □ Some college
  - <sup>2</sup>  $\square$  Associate's degree
  - <sup>3</sup> □ Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
  - <sup>6</sup> □ 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

- <sup>1</sup> □ Some college
- <sup>2</sup>  $\square$  Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> □ 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?

		Strongly agree	Agree	Disagree	Strongly disagree
a.	QIO staff assigned to this theme have the right substantive expertise and experience	1 🗆	2 🗌	з 🗆	4 🗆
b.	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗆	3 🗆	4 🗆
C.	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗆	2 🗆	з 🗆	4 🗔

#### 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
  - <sup>2</sup> 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 <u>most relevant</u> 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 <u>first</u> organization listed at Question 27.

		Yes	No
major responsibility a	loys at least one staff member with and time devoted to quality	1 🗆	o 🗆
	QIO talk periodically (e.g., quarterly)	1 🗆	o 🗖
	speak at association-sponsored ce per year	1 🗆	o 🗖
	nsors a quality-focused entity, such as a Quality Institute	1 🗆	o 🗖
QI efforts substantial	QIO work jointly on one or more in scope (such as co-sponsoring ocused on QI)	1 🗆	o 🗖
	ls to work with a different set of IO	1 🗆	o 🗖
	ls to work on QI projects that are n the QIO	1 🗆	o 🗖
•	arily focuses on quality reporting ality improvement	1 🗆	o 🗖

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 <u>second</u> 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 🗌	o 🗆
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗆	o 🗖
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗆	o 🗆
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗆
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 🗌	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗖
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗖	o 🗖
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗆

#### 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
  - $\circ$   $\Box$  No  $\rightarrow$  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.\_\_\_\_\_
- 32. To what extent does the headquarters of the <u>first</u> organization listed in Question 31 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 A lot
  - <sup>2</sup> D A moderate amount
  - ₃ □ A little
  - ₄ □ Not at all
  - d 🗆 Don't know
- 33. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.

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

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
e.	Workforce turnover is a large barrier to improvement	1 🗆	2 🗆	3 🗖	4 🗖	d 🗖

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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 🗆	2 🗆	3 🗆	4 🗌	d 🗆
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
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 🗆	2 🗌	з 🗆	4 🗔	d 🗆
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗆	3 🗆	4 🔲	d 🗆

#### 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
- $_5 \square$  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.

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

- 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.
  - $_{1}$   $\square$  More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - $_{3}$   $\Box$  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?
  - $1 \square$  It took a lot of effort to secure enough providers
  - <sup>2</sup> It took a moderate amount of effort to secure enough providers
  - $_{3}$   $\Box$  It took only a little bit of effort to secure enough provider  $\rightarrow$  GO TO Q.46
- 45. Please tell us what types of providers were the most difficult to persuade to participate?

- 46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \quad No \rightarrow GO TO Q.48$
- 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	III
b. Participated less over time	III
c. Intermittent participation	III
d. Never participated very actively	II
TOTAL	100%

- 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

GO TO Q.52

- $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $\downarrow$
- ₀ □ No, no providers who expressed interest had to be excluded → 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> :	<u>Via fax</u> :
Mathematica Policy Research	Attn: Sarah Croake
c/o Sarah Croake	202-863-1763
Suite 550, 600 Maryland Ave., SW	<u>Via email attachment</u> :
Washington, DC 20024	<u>scroake@mathematica-mpr.com</u>

Mathematica Reference No.: 06514.180

MATHEMATICA Policy Research, Inc.

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

January 6, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

### 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 🗆	2 🗌	з 🗆	4 🗆
b. contract language at the time of award	1 🗖	2	з 🗆	4 🗆
c. contract modification(s) since award	1 🗖	2	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗖	2	з 🗆	4 🗆

#### 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□	2 🗌	з 🗆	4 🗆
<ul> <li>Required reports to CMS capture meaningful information about the progress of the intervention</li> </ul>	. 1 🗆	2 🗆	з 🗆	4 🗆
c. The amount of CMS required documentation and reporting is reasonable.	. 1□	2 🗌	з 🗆	4 🗆
<ul> <li>d. The PATRIOT system worked well in the first six months of the contract</li> </ul>	. 1 🗆	2 🗌	з 🗆	4 🗆
e. The PATRIOT system worked well after the first six months of the contract	. 1 🗆	2 🗌	з 🗆	4 🗆

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 🗌	2 🗌	з 🗆	4 🗌
b.	Resources for this theme are sufficient to support goals	1 🗆	2 🗆	3 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	3 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗌	з 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗌
f.	Method for evaluating the QIO is clear	1 🗆	2	з 🗆	4
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗆	3 🗖	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	3 🗆	4 🗆

#### 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 🗆	2 🗌	3 🗖	4 🗌	5 🗆
b. Government Theme Leader	1 🗆	2 🗌	3 🗆	4 🗆	5 🗆
c. Contract Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗖
d. CMS Project Officer	1 🗆	2 🗌	3 🗌	4 🗌	5 🗆
e. Other CMS personnel (Specify role below)	1 🗌	2 🗌	3 🗖	4 🗖	5 🗖

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 🗆	2 🗆	3 🗆	4 🗆
b.	The CMS Project Officer understands the QIO's interventions	1 🗆	2 🗌	3 🗆	4 🗆
C.	Oral communication by CMS personnel is clear	1 🗆	2 🗆	3 🗆	4 🗆
d.	Contract modification(s) required little effort to implement	1 🗆	2 🗌	3 🗆	4 🗆
e.	Contract modifications improved the contract	1 🗆	2 🗌	3 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> □ Always consistent
  - <sup>2</sup> Usually consistent
  - $_{3}$   $\Box$  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 🗆	o 🗖	
b. Enable design of intervention with high likelihood of success	1 🗆	о 🗆	
c. Identify disparities related to this theme	1 🗆	o 🗖	n 🗖
d. Identify what interventions are working elsewhere	1 🗆	о 🗆	n 🗖
e. Adequately justify the intervention to providers and others	1 🗆	o 🗆	n 🗖

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
а.	Reports from the QIOSC that contain data analysis	1 🗆	2 🗌	3 🗆	0 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2 🗌	з 🗆	o 🗆
C.	Tools provided by the QIOSC (regardless of source)	1 🗆	2 🗌	3 🗆	o 🗆
d.	Data from IFMC that the QIO analyzes itself	1 🗌	2 🗌	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗆	2 🗌	з 🗆	o 🗖
f.	QualityNet conferences	1 🗆	2 🗌	з 🗆	o 🗆
g.	Conferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	3 🗆	o 🗖
i.	Key websites (other than MedQIC)	1 🗆	2 🗌	з 🗆	o 🗆
j.	Personal contacts with other QIOs	1 🗌	2 🗆	з 🗖	o 🗖
k.	Personal contacts with other health care organizations	1 🗆	2 🗌	3 🗆	o 🗆
I.	Other key information source ( <i>Please specify below</i> )	1 🗆	2 🗌	3 🗖	o 🗖

#### 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?

		Strongly agree	Agree	Disagree	Strongly disagree
ava	e tools and other resources that are ilable to support interventions related to theme are of high quality	1 🗆	2 🗆	з 🗆	4 🗆
ava this	e tools and other resources that are ilable to support interventions related to theme were available when we needed m	1 🗆	2 🗆	з 🗆	4 🗆
ava	e tools and specifications that are ilable to support measurement related to theme work well	1 🗌	2 🗌	3 🗆	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box \quad \text{No} \rightarrow \textbf{GO TO Q.14}$
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box$  No  $\rightarrow$  GO TO Q.16
- 15. Please describe the tool(s) or other resource(s) created.

#### 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.

		Column A			Impor	Column B tance of Ac	ctivity
		Major Component	Minor Component	N/A	Very important	Somewhat important	Not very important
a.	Forming new collaborations among providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
b.	Forming new collaborations that include health organizations other than provider organizations	1 🗌	2 🗌	n 🗆	1 🗆	2 🗆	3 🗌
C.	Contributing to existing collaborations	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
d.	Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	з 🗆

#### 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.

			Column A			Column B	
					Impoi	rtance of Ac	ctivity
		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 🗖	2 🗌	n 🗆	1 🗆	2 🗆	3 🗌
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
d.	Interacting with top leadership of provider organizations	1 🗖	2 🗌	n 🗆	1 🗌	2 🗌	3 🗌
e.	Helping integrate clinical guidelines into health information systems	1 🗖	2 🗆	n 🗆	1 🗆	2 🗆	3 🗌
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
g.	Discussing providers' own performance with them	1 🗆	2	n 🗆	1 🗆	2 🗌	3 🗆
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆

#### **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.

		Column A			Impor	Column B	ctivity
		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 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗌	2 🗌	3 🗆
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1 🗌	2 🗆	n 🗆	1 🗌	2 🗌	3 🗆

#### **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.

	Column A			Column B Importance of Activity		
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme	1 🗆	2 🗆		1 🗆	2 🗆	3 🗆

#### Patient Safety

- 20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?
  - 1 
    Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - $_{5}$   $\Box$  Did not attend any annual in-person meetings sponsored by CMS
- 21. How valuable was the "change package" that CMS developed for this theme?
  - <sup>1</sup> □ Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - d 🗆 Don't know

#### **SECTION V: STAFFING**

- 22. Think about the person <u>most responsible</u> 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:
    - <sup>1</sup> □ Some college
    - ₂ □ Associate's degree
    - 3 □ Bachelor's degree
    - ₄ □ Master's degree
    - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
    - 6 □ Doctoral degree [EdD, PhD]
    - 7  $\Box$  Other (*Please specify*)
  - b. Field of study, if applicable:
  - c. Years of relevant QI experience:

I			YE	ĒA	RS
	_			-/ `	

- d. Years of experience working with the types of providers or organizations relevant to this theme:
  - |\_\_| YEARS
- e. Professional level:
  - 1 
    Executive
  - $_2$   $\square$  Senior
  - 3 □ Mid-Level
  - 4 🗆 Junior
  - $5 \square$  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:
  - <sup>1</sup> □ Some college
  - <sup>2</sup>  $\square$  Associate's degree
  - <sup>3</sup> □ Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
  - <sup>6</sup> □ 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

- <sup>1</sup> □ Some college
- <sup>2</sup>  $\square$  Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> □ 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?

		Strongly agree	Agree	Disagree	Strongly disagree
a.	QIO staff assigned to this theme have the right substantive expertise and experience	1 🗆	2 🗌	з 🗆	4 🗆
b.	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗆	3 🗆	4 🗆
C.	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗆	2 🗆	з 🗆	4 🗔

#### 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
  - <sup>2</sup> 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 <u>most relevant</u> 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 <u>first</u> organization listed at Question 27.

		Yes	No
major responsibility a	oys at least one staff member with nd time devoted to quality	1 🗆	o 🗆
	QIO talk periodically (e.g., quarterly)	1 🗆	o 🗖
	speak at association-sponsored e per year	1 🗆	o 🗖
	sors a quality-focused entity, such as Quality Institute	1 🗆	o 🗖
QI efforts substantial	QIO work jointly on one or more in scope (such as co-sponsoring ocused on QI)	1 🗆	o 🗖
	s to work with a different set of O	1 🗆	o 🗖
	s to work on QI projects that are the QIO	1 🗆	o 🗖
-	arily focuses on quality reporting ality improvement	1 🗆	o 🗖

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 <u>second</u> 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 🗆	o 🗆
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗆	o 🗖
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗆	o 🗖
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗖
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 🗆	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗖
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗆	o 🗖
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗆

#### 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
  - $\circ$   $\Box$  No  $\rightarrow$  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.\_\_\_\_\_
- 32. To what extent does the headquarters of the <u>first</u> organization listed in Question 31 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 A lot
  - <sup>2</sup> D A moderate amount
  - ₃ □ A little
  - ₄ □ Not at all
  - d 🗆 Don't know
- 33. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.

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

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
e.	Workforce turnover is a large barrier to improvement	1 🗆	2 🗆	3 🗖	4 🗖	d 🗖

#### 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
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ 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 🗆	2 🗆	3 🗆	4 🗌	d 🗆
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
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 🗆	2 🗌	з 🗆	4 🗔	d 🗆
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗆	3 🗆	4 🔲	d 🗆

#### 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
- $_5 \square$  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.

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

- 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.
  - $_{1}$   $\square$  More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - $_{3}$   $\Box$  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?
  - $1 \square$  It took a lot of effort to secure enough providers
  - <sup>2</sup> It took a moderate amount of effort to secure enough providers
  - $_{3}$   $\Box$  It took only a little bit of effort to secure enough provider  $\rightarrow$  GO TO Q.46
- 45. Please tell us what types of providers were the most difficult to persuade to participate?

- 46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \quad No \rightarrow GO TO Q.48$
- 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	III
b. Participated less over time	III
c. Intermittent participation	III
d. Never participated very actively	II
TOTAL	100%

- 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>

GO TO Q.52

- $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $\downarrow$
- ₀ □ No, no providers who expressed interest had to be excluded → 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> :	<u>Via fax</u> :
Mathematica Policy Research	Attn: Sarah Croake
c/o Sarah Croake	202-863-1763
Suite 550, 600 Maryland Ave., SW	<u>Via email attachment</u> :
Washington, DC 20024	<u>scroake@mathematica-mpr.com</u>

Mathematica Reference No.: 06514.180



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

January 7, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

### 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 🗆	2 🗌	з 🗆	4 🗆
b. Contract language at the time of award	1 🗆	2	з 🗆	4 🗆
c. Contract modification(s) since award	1 🗆	2 🗌	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗆	2	з 🗆	4 🗆

#### 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 🗆	2 🗌	3 🗖	4 🗆
b.	Required reports to CMS capture meaningful information about the progress of the intervention	1 🗆	2 🗌	з 🗆	4 🗆
C.	The amount of CMS required documentation and reporting is reasonable	1 🗆	2 🗖	3 🗖	4 🗆
d.	The PATRIOT system worked well in the first six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆
e.	The PATRIOT system worked well after the first six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆

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.



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 🗖	2 🗌	3 🗖	4 🗆
b.	Resources for this theme are sufficient to support goals	1 🗆	2 🗌	3 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗌	3 🗖	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2	3 🗆	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗖	3 🗖	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗆	2 🗌	3 🗆	4 🗌

#### 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 🗆	2 🗌	з 🗆	4 🗌	5 🗖
b. Government Theme Leader	1 🗆	2 🗌	з 🗆	4 🗌	5 🗆
c. Contract Officer	1 🗆	2 🗌	3 🗌	4 🗌	5 🗖
d. CMS Project Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗌
e. Other CMS personnel (Specify role below)	1 🗆	2 🗌	3 🗖	4 🗆	5 🗆

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 🗆	2 🗆	з 🗆	4 🗆
<ul> <li>b. The CMS Project Officer understands the QIO's interventions</li> </ul>	. 1 🗆	2 🗌	з 🗆	4 🗆
c. Oral communication by CMS personnel is clear	. 1 🗆	2 🗌	з 🗆	4 🗆
d. Contract modification(s) required little effort to implement	. 1 🗆	2 🗌	з 🗆	4 🗌
e. Contract modifications improved the contract	. 1 🗆	2 🗌	з 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> □ Always consistent
  - <sup>2</sup> D Usually consistent
  - ₃ □ Rarely consistent
  - <sup>4</sup> D 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 🗆	о 🗆	
<ul> <li>Enable design of intervention with high likelihood of success</li> </ul>	1 🗆	о 🗆	
c. Identify disparities related to this theme	1 🗆	о 🗆	n 🗆
d. Identify what interventions are working elsewhere	1 🗆	o 🗆	n 🗖
e. Adequately justify the intervention to providers and others	1 🗆	о 🗆	n 🗖

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 🗆	2 🗌	3 🗆	o 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2 🗌	з 🗆	o 🗆
C.	Tools provided by the QIOSC (regardless of source)	1 🗆	2 🗌	з 🗆	o 🗆
d.	Data from IFMC that the QIO analyzes itself	1 🗌	2 🗌	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗆	2 🗌	з 🗆	o 🗖
f.	QualityNet conferences	1 🗆	2 🗌	з 🗆	o 🗆
g.	Conferences sponsored by other organizations	1 🗌	2 🗌	3 🗆	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗆
i.	Key websites (other than MedQIC)	1 🗌	2 🗆	з 🗆	о 🗆
j.	Personal contacts with other QIOs	1 🗆	2 🗌	з 🗆	o 🗆
k.	Personal contacts with other health care organizations	1 🗆	2 🗌	3 🗆	o 🗆
I.	Other key information source (Please specify below)	1 🗆	2 🗌	3 🗖	0 🗆

#### 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?

		Strongly agree	Agree	Disagree	Strongly disagree
available to	nd other resources that are support interventions related to re of high quality	1 🗆	2 🗌	з 🗆	4 🗆
available to this theme v	nd other resources that are support interventions related to vere available when we needed	1 🗆	2 🗌	з 🗆	4 🗆
available to	nd specifications that are support measurement related to vork well	1 🗆	2 🗌	3 🗖	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box No \rightarrow GO TO Q.14$
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ$   $\Box$  No  $\rightarrow$  GO TO Q.16
- 15. Please describe the tool(s) or other resource(s) created.

#### 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.

		Column A				Column B	
					Impor	rtance of A	ctivity
		Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a.	Forming new collaborations among providers	1 🗌	2	n 🗆	1 🗆	2 🗌	з 🗆
b.	Forming new collaborations that include health organizations other than provider organizations	1 🗌	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Contributing to existing collaborations	1 🗆	2 🗌	n 🗖	1 🗆	2	3 🗆
d.	Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve	1 🗆	2 🗆	n 🗆	1	2 🗆	3 🗆

#### 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.

		Column A					
					Impor	rtance of Ac	ctivity
		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 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗌	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
d.	Interacting with top leadership of provider organizations	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
e.	Helping integrate clinical guidelines into health information systems	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
g.	Discussing providers' own performance with them	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗆	3 🗆

#### **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.

		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 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆	
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆	
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆	
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	3 🗆	

#### **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.

	Column A			Column B			
				Importance of Activity			
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important	
a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme	1 🗆	2 🗆		1 🗆	2 🗆	3 🗆	

#### 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.

		Column A			Column B			
					Importance of Activity			
		Major component	Minor component	N/A	Very important	Somewhat important	Not very important	
a.	Obtaining clinical EHR- based data from practices	1 🗆	2 🗌	- -	1 🗆	2 🗌	3 🗌	
b.	Recruiting and training community health workers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	
C.	Implementing DSME for beneficiaries with diabetes	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌	

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

- <sup>1</sup> □ Recruitment through local providers
- $_2$   $\square$  Recruitment directly from the community
- <sup>3</sup> □ Other mechanism(s) (Please specify)
- 22. Which of the following best describes the geographic area targeted under this theme?
  - 1 🗆 All urban or suburban
  - <sup>2</sup> D Mostly urban or suburban
  - <sup>3</sup> D About evenly urban/suburban and rural
  - ₄ □ Mostly rural
  - 5 🛛 All rural

#### **SECTION V: STAFFING**

- 23. Think about the person <u>most responsible</u> 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
  - <sup>2</sup> D Associate's degree
  - <sup>3</sup> D Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D 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 D Executive
  - $_2$   $\square$  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
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- 6 □ Doctoral degree [EdD, PhD]
- 7 D 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
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> Doctoral degree [EdD, PhD]
- 7 D 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?

		Strongly agree	Agree	Disagree	Strongly disagree
a.	QIO staff assigned to this theme have the right substantive expertise and experience	1 🗆	2 🗌	3 🗖	4 🗆
b.	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗌	з 🗆	4 🗆
C.	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗌	2 🗌	3 🗆	4 🗌

#### 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
  - <sup>2</sup> 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 <u>most relevant</u> 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 <u>first</u> organization listed at Question 28.

		Yes	No
	association employs at least one staff member with major consibility and time devoted to quality improvement	1 🗆	o 🗖
	association and QIO talk periodically (e.g. quarterly) to avoid rlap	1 🗆	o 🗆
	staff attend and speak at association-sponsored meetings at to nce per year	1 🗆	o 🗖
	association sponsors a quality-focused entity, such as a lity Council or a Quality Institute	1 🗆	o 🗆
subs	association and QIO work jointly on one or more QI efforts stantial in scope (such as co-sponsoring in-person meetings used on QI)	1 🗆	o 🗖
	association tends to work with a different set of providers than QIO	1 🗆	o 🗆
	association tends to work on QI projects that are entirely erent from the QIO	1 🗆	o 🗆
	association primarily focuses on quality reporting issues rather quality improvement	1 🗌	o 🗖

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 <u>second</u> 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 🗖	o 🗖
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗖	o 🗖
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗖	o 🗖
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗖	o 🗖
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 🗆	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗖	o 🗆
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗖	o 🗆
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗖

#### 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
  - $\circ$   $\Box$  No  $\rightarrow$  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 <u>first</u> organization listed in Question 32 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 A lot
  - <sup>2</sup> D A moderate amount
  - ₃ □ A little
  - ₄ □ Not at all
  - d 🗆 Don't know
- 34. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.

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

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\square$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
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 🗆	2 🗌	з 🗆	4 🗔	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	3 🗖	4 🗌	d 🗖
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	3 🗆	4 🗌	d 🗖
e.	Workforce turnover is a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗆	d 🗖

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - <sup>4</sup>  $\square$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a.	Poorly performing providers often have financial and management problems	1 🗆	2 🗌	3 🗆	4 🗌	d 🗆
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗌	d 🗔
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 🗆	2 🗆	з 🗆	4 🗔	d 🗆
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 🗆	2 🗌	з 🗆	4 🗆	d 🗌
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗆	3 🗆	4 🗔	d 🗌

#### 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

- <sup>1</sup> □ Standardized announcement to eligible providers from the QIO
- <sup>2</sup> QIO initiated personalized contact with providers
- <sup>3</sup> D Provider associations or other organizations outside the QIO delivered announcement
- <sup>4</sup> D Joint announcement made by QIO and provider associations or other organizations outside the QIO
- <sup>₅</sup> □ 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.

	and go to Question 44.	Column A	Column B How successful were you in recruiting providers with this characteristic?		
	Provider Characteristics among those Eligible to Participate	Yes, targeted during recruitment	Very successful	Somewhat successful	Not successful
a.	No special characteristics sought – just any provider who was eligible	1 🗌	NA	NA	NA
b.	Providers who had past experience working with the QIO	1 🗌	1 🗆	2 🗌	o 🗆
C.	Providers who did not have past experience working with the QIO	1 🗌	1 🗆	2 🗌	o 🗖
d.	Providers known to have the organizational capacity to improve	1 🗆	1 🗌	2 🗌	o 🗆
e.	Providers above average on the targeted measures among eligible providers	1 🗆	1 🗌	2 🗌	o 🗆
f.	Providers below average among eligible providers on the targeted measures	1 🗆	1 🗌	2 🗌	o 🗆
g.	Providers viewed as "early adopters"	1 🗖	1 🗆	2 🗌	o 🗖
h.	Providers viewed as leader organizations by their peers	1 🗌	1 🗆	2 🗌	o 🗖
i.	Providers whose leadership had higher-than-average commitment to quality	1 🗆	1 🗌	2 🗌	o 🗖
j.	Providers with other special characteristics ( <i>Please specify</i> )	1 🗆	1 🗌	2 🗌	o 🗆

- 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.
  - <sup>1</sup> D More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - <sup>3</sup> □ 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?
  - $\Box$  It took a lot of effort to secure enough providers
  - $_2$   $\square$  It took a moderate amount of effort to secure enough providers
  - $_3$   $\Box$  It took only a little bit of effort to secure enough providers  $\rightarrow$  GO TO Q.47
- 46. Please tell us what types of providers were the most difficult to persuade to participate.

- 47. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \text{ No} \rightarrow \text{GO TO Q.49}$
- 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	I <u>    I    I    I</u>
c. Intermittent participation	II
d. Never participated very actively	II
TOTAL	100%

- 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>

GO TO Q.53

- $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $\int$
- ₀ □ No, no providers who expressed interest had to be excluded → Thank you for completing this survey
- 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> :	<u>Via fax</u> :
Mathematica Policy Research	Attn: Sarah Croake
c/o Sarah Croake	202-863-1763
Suite 550, 600 Maryland Ave., SW	Via email attachment:
Washington, DC 20024	scroake@mathematica-mpr.com

Mathematica Reference No.: 06514.180



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

January 7, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

### 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 🗆	2	3 🗖	4 🗆
b. Contract language at the time of award	1 🗆	2	3 🗌	4 🗌
c. Contract modification(s) since award	1 🗆	2	3 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗆	2 🗌	3 🗆	4 🗆

#### 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 🗆	2 🗌	з 🗆	4 🗆
<ul> <li>Required reports to CMS capture meaningful information about the progress of the intervention</li> </ul>	1 🗆	2 🗆	з 🗆	4 🗆
c. The amount of CMS required documentation and reporting is reasonable.	1 🗆	2 🗆	з 🗆	4 🗆
d. The PATRIOT system worked well in the first six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆
e. The PATRIOT system worked well after the first six months of the contract	1 🗆	2 🗌	з 🗆	4 🗆

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.



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 🗆	2	3 🗆	4 🗆
b.	Resources for this theme are sufficient to support goals	1 🗆	2 🗌	3 🗖	4 🗆
c. Improvement targets set by CMS for this theme are attainable		1 🗆	2 🗌	з 🗆	4 🗆
d.	d. Improvement targets set by CMS represent meaningful improvements in care		2 🗌	3 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	3 🗖	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2	з 🗆	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗆	3 🗆	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗆	2 🗌	3 🗆	4 🗌

#### 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 🗆	2 🗌	з 🗆	4 🗌	5 🗌
b. Government Theme Leader	1 🗆	2 🗆	з 🗆	4 🗆	5 🗌
c. Contract Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗌
d. CMS Project Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗌
e. Other CMS personnel (Specify role below)	1 🗆	2 🗌	3 🗖	4 🗆	5 🗖

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 🗆	2 🗌	3 🗆	4 🗆
b.	The CMS Project Officer understands the QIO's interventions	1 🗆	2	3 🗆	4 🗆
C.	Oral communication by CMS personnel is clear	1 🗆	2 🗌	3 🗆	4 🗆
d.	Contract modification(s) required little effort to implement	1 🗆	2 🗆	3 🗖	4 🗆
e.	Contract modifications improved the contract	1 🗆	2 🗌	з 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - 1 🗆 Always consistent
  - <sup>2</sup> 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 🗆	o 🗖	
b. Enable design of intervention with high likelihood of success	1 🗆	o 🗆	
c. Identify disparities related to this theme	1 🗆	o 🗖	n 🗖
d. Identify what interventions are working elsewhere	1 🗆	o 🗆	n 🗆
e. Adequately justify the intervention to providers and others	1 🗆	o 🗖	n 🗖

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 🗆	2 🗌	3 🗆	o 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2 🗌	з 🗆	o 🗆
C.	Tools provided by the QIOSC (regardless of source)	1 🗆	2 🗌	з 🗆	o 🗆
d.	Data from IFMC that the QIO analyzes itself	1 🗌	2 🗌	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗆	2 🗌	з 🗆	o 🗖
f.	QualityNet conferences	1 🗆	2 🗌	з 🗆	o 🗆
g.	Conferences sponsored by other organizations	1 🗌	2 🗌	3 🗆	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗆
i.	Key websites (other than MedQIC)	1 🗌	2 🗆	з 🗆	о 🗆
j.	Personal contacts with other QIOs	1 🗆	2 🗌	з 🗆	o 🗆
k.	Personal contacts with other health care organizations	1 🗆	2 🗌	3 🗆	o 🗆
I.	Other key information source (Please specify below)	1 🗆	2 🗌	3 🗖	0 🗆

#### 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?

		Strongly agree	Agree	Disagree	Strongly disagree
available to	nd other resources that are support interventions related to re of high quality	1 🗆	2 🗌	з 🗆	4 🗆
available to this theme v	nd other resources that are support interventions related to vere available when we needed	1 🗆	2 🗌	з 🗆	4 🗆
available to	nd specifications that are support measurement related to vork well	1 🗆	2 🗌	3 🗖	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box \text{ No} \rightarrow \text{GO TO Q.14}$
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box$  No  $\rightarrow$  GO TO Q.16
- 15. Please describe the tool(s) or other resource(s) created.

#### 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	
					Impor	rtance of A	ctivity
		Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a.	Forming new collaborations among providers	1 🗆	2	n 🗆	1 🗆	2 🗌	3 🗆
b.	Forming new collaborations that include health organizations other than provider organizations	1 🗆	2 🗌	n 🗆	1 🗌	2 🗆	3 🗆
C.	Contributing to existing collaborations	1 🗆	2 🗌	n 🗖	1 🗆	2	3 🗆
d.	Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve	1 🗌	2 🗆	n 🗆	1 🗆	2 🗌	3 🗆

#### 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	
					Impor	rtance of Ac	ctivity
		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 🗖	2 🗌	n 🗆	1 🗖	2 🗌	3 🗆
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗌	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗖	з 🗆
d.	Interacting with top leadership of provider organizations	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
e.	Helping integrate clinical guidelines into health information systems	1 🗖	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
g.	Discussing providers' own performance with them	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗆	3 🗆

#### **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		
					Impor	tance of Ac	ctivity
		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 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	3 🗆

#### **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.

		Column A				Column B	
					Impor	tance of A	ctivity
		Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a.	Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to						
	this theme	1 🗖	2	n 🗆	1 🗌	2 🗌	з 🗆

#### 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 <u>most responsible</u> 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
  - <sup>2</sup> D Associate's degree
  - <sup>3</sup> □ Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D 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
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D 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:
- $_1 \square$  Some college
- <sup>2</sup> D Associate's degree
- <sup>3</sup> □ Bachelor's degree
- <sup>4</sup> D Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> 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 🗖	2 🗌	з 🗆	4 🗆
b.	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗌	з 🗆	4 🗆
C.	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗌	2 🗌	3 🗆	4 🗌

#### 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
  - <sup>2</sup> 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 <u>most relevant</u> 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 <u>first</u> 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 🗆	o 🗖
b.	The association and QIO talk periodically (e.g. quarterly) to avoid overlap	1 🗆	o 🗆
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗆	o 🗖
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗆
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 🗆	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗆
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗆	o 🗆
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗆

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 <u>second</u> organization listed at Question 26. If only one organization was listed at Question 26, go to Question 29.

-

		Yes	No
	bys at least one staff member with major e devoted to quality improvement	1 🗆	o 🗖
	λIO talk periodically (e.g. quarterly) to avoid	1 🗆	o 🗖
	peak at association-sponsored meetings at	1 🗆	o 🗖
	ors a quality-focused entity, such as a uality Institute	1 🗆	o 🗆
substantial in scope (s	QIO work jointly on one or more QI efforts such as co-sponsoring in-person meetings	1 🗆	o 🗖
	to work with a different set of providers than		
	to work on QI projects that are entirely		
•	rily focuses on quality reporting issues rather ent		

#### 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
  - $\circ \Box No \rightarrow GO TO Q.33$
- 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 <u>first</u> organization listed in Question 30 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 A lot
  - <sup>2</sup> D A moderate amount
  - ₃ 🗆 A little
  - ₄ □ Not at all
  - d 🗆 Don't know
- 32. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.

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

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - <sup>4</sup>  $\square$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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 🗆	2 🗌	3 🗆	4 🗆	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	3 🗖	4 🗌	d 🗖
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗌	d 🗔
e.	Workforce turnover is a large barrier to improvement	1 🗆	2 🗌	3 🗆	4 🗆	d 🗖

#### 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
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - <sup>4</sup>  $\square$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a.	Poorly performing providers often have financial and management problems	1 🗆	2 🗌	3 🗆	4 🗌	d 🗆
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
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 🗆	2 🗆	з 🗆	4 🗔	d 🗆
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗆	3 🗆	4 🗌	d 🗆

#### 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

- <sup>1</sup> □ Standardized announcement to eligible providers from the QIO
- <sup>2</sup> QIO initiated personalized contact with providers
- <sup>3</sup> D Provider associations or other organizations outside the QIO delivered announcement
- <sup>4</sup> D Joint announcement made by QIO and provider associations or other organizations outside the QIO
- <sup>₅</sup> □ 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.

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

- 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.
  - <sup>1</sup> D More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - $_{3}$   $\Box$  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
  - <sup>2</sup> It took a moderate amount of effort to secure enough providers
  - $_{3}$   $\Box$  It took only a little bit of effort to secure enough providers  $\rightarrow$  GO TO Q.45
- 44. Please tell us what types of providers were the most difficult to persuade to participate.

- 45. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \text{ No} \rightarrow \text{GO TO Q.47}$
- 46. How many providers lobbied the QIO for participation?
  - 1 🛛 1 to 2
  - 2 🛛 3 to 4
  - $_3$   $\square$  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	I <u>    I    I    I</u>
c. Intermittent participation	II
d. Never participated very actively	II
TOTAL	100%

- 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>

GO TO Q.51

- $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $\downarrow$
- ₀ □ No, no providers who expressed interest had to be excluded → 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> :	<u>Via fax</u> :
Mathematica Policy Research	Attn: Sarah Croake
c/o Sarah Croake	202-863-1763
Suite 550, 600 Maryland Ave., SW	Via email attachment:
Washington, DC 20024	scroake@mathematica-mpr.com

Mathematica Reference No.: 06514.180

MATHEMATICA Policy Research, Inc.

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

January 6, 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.

Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

If you have any questions about this survey, please call Sarah Croake at 202-554-7555 or email at: <a href="mailto:scroake@mathematica-mpr.com">scroake@mathematica-mpr.com</a>.

### 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 🗖	2	з 🗖	4 🗆
b. contract language at the time of award	1 🗖	2	з 🗆	4 🗆
c. contract modification(s) since award	1 🗖	2	з 🗆	4 🗆
d. SDPS or TOPS memos since award	1 🗖	2	з 🗆	4 🗆

#### 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□	2 🗌	з 🗆	4 🗆
<ul> <li>Required reports to CMS capture meaningful information about the progress of the intervention</li> </ul>	. 1 🗆	2 🗆	з 🗆	4 🗆
c. The amount of CMS required documentation and reporting is reasonable.	. 1□	2 🗌	з 🗆	4 🗆
<ul> <li>d. The PATRIOT system worked well in the first six months of the contract</li> </ul>	. 1 🗆	2 🗌	з 🗆	4 🗆
e. The PATRIOT system worked well after the first six months of the contract	. 1 🗆	2 🗌	з 🗆	4 🗆

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 🗆	2 🗌	3 🗌	4 🗌
b.	Resources for this theme are sufficient to support goals	1 🗆	2 🗆	з 🗆	4 🗆
C.	Improvement targets set by CMS for this theme are attainable	1 🗆	2 🗌	з 🗆	4 🗆
d.	Improvement targets set by CMS represent meaningful improvements in care	1 🗆	2 🗆	з 🗆	4 🗆
e.	The timeframe for meeting improvement targets is reasonable	1 🗆	2 🗌	з 🗆	4 🗆
f.	Method for evaluating the QIO is clear	1 🗆	2	3 🗌	4 🗆
g.	The QIO contract focuses effort on important areas of quality	1 🗆	2 🗆	3 🗆	4 🗆
h.	The QIO contract focuses effort on providers whose improvements will have substantial impact on quality in the state	1 🗌	2 🗌	3 🗆	4 🗌

#### 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 🗆	2 🗌	з 🗆	4 🗆	5 🗆
b. Government Theme Leader	1 🗆	2 🗌	3 🗆	4 🗆	5 🗆
c. Contract Officer	1 🗆	2 🗌	з 🗆	4 🗌	5 🗆
d. CMS Project Officer	1 🗆	2 🗌	3 🗌	4 🗆	5 🗆
e. Other CMS personnel (Specify role below)	1 🗌	2 🗌	з 🗆	4 🗌	5 🗌

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 🗆	2 🗆	3 🗆	4 🗆
b.	The CMS Project Officer understands the QIO's interventions	1 🗆	2 🗌	3 🗆	4 🗆
C.	Oral communication by CMS personnel is clear	1 🗆	2 🗆	3 🗆	4 🗆
d.	Contract modification(s) required little effort to implement	1 🗆	2 🗌	3 🗆	4 🗆
e.	Contract modifications improved the contract	1 🗆	2 🗌	3 🗆	4 🗆

- 8. How often was the communication you had with CMS consistent across different CMS personnel with whom you interfaced?
  - <sup>1</sup> □ Always consistent
  - <sup>2</sup> Usually consistent
  - <sup>3</sup> □ 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 🗆	o 🗖	
b. Enable design of intervention with high likelihood of success	1 🗆	o 🗆	
c. Identify disparities related to this theme	1 🗆	o 🗖	n 🗖
d. Identify what interventions are working elsewhere	1 🗆	o 🗖	n 🗖
e. Adequately justify the intervention to providers and others	1 🗆	o 🗆	n 🗖

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 🗆	2 🗌	з 🗆	o 🗆
b.	Conference calls convened by the QIOSC	1 🗆	2 🗌	3 🗌	o 🗖
C.	Tools provided by the QIOSC (regardless of source)	1 🗆	2 🗌	з 🗆	o 🗖
d.	Data from IFMC that the QIO analyzes itself	1 🗌	2 🗌	з 🗆	o 🗆
e.	QualityNet (including MedQIC)	1 🗆	2	3 🗌	o 🗆
f.	QualityNet conferences	1 🗆	2 🗆	з 🗆	o 🗆
g.	Conferences sponsored by other organizations	1 🗆	2 🗌	3 🗌	o 🗆
h.	Webinars or teleconferences sponsored by other organizations	1 🗆	2 🗌	з 🗆	o 🗖
i.	Key websites (other than MedQIC)	1 🗆	2	3 🗌	o 🗆
j.	Personal contacts with other QIOs	1 🗆	2 🗆	з 🗆	o 🗆
k.	Personal contacts with other health care organizations	1 🗆	2 🗌	з 🗆	o 🗆
I.	Other key information source ( <i>Please specify below</i> )	1 🗆	2 🗌	3 🗖	o 🗖

#### 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?

		Strongly agree	Agree	Disagree	Strongly disagree
ava	e tools and other resources that are ilable to support interventions related to theme are of high quality	1 🗆	2 🗌	з 🗆	4 🗆
ava this	e tools and other resources that are ilable to support interventions related to theme were available when we needed m	1 🗆	2 🗆	з 🗆	4 🗆
ava	e tools and specifications that are ilable to support measurement related to theme work well	1 🗌	2 🗌	3 🗆	4 🗌

- 12. Has the QIO made substantial adaptations to available tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ \Box \quad \text{No} \rightarrow \textbf{GO TO Q.14}$
- 13. Please identify the tools or other resource(s) and describe how they were adapted.

- 14. Has the QIO had to create any tools or other resources to support interventions related to this theme?
  - 1 🗆 Yes
  - $\circ$   $\Box$  No  $\rightarrow$  GO TO Q.16
- 15. Please describe the tool(s) or other resource(s) created.

#### 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		ctivity	
		Major Component	Minor Component	N/A	Very important	5		
a.	Forming new collaborations among providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	3 🗆	
b.	Forming new collaborations that include health organizations other than provider organizations	1 🗌	2 🗌	n 🗆	1 🗆	2 🗆	3 🗌	
C.	Contributing to existing collaborations	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆	
d.	Supporting a large organization (such as a health delivery organization, or health plan) in their efforts to improve	1 🗆	2 🗆	n 🗆	1 🗆	2 🗌	з 🗆	

#### 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	
					Impoi	rtance of Ac	ctivity
		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 🗖	2 🗌	n 🗆	1 🗆	2 🗌	3 🗌
b.	Problem-solving or strategizing with individual providers during meetings the QIO initiated	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Making presentations on- site at individual providers	1 🗆	2 🗌	n 🗆	1 🗆	2 🗌	з 🗆
d.	Interacting with top leadership of provider organizations	1 🗖	2 🗌	n 🗆	1 🗌	2 🗌	3 🗌
e.	Helping integrate clinical guidelines into health information systems	1 🗖	2 🗆	n 🗆	1 🗆	2 🗆	3 🗌
f.	Helping providers better use their health information systems to support QI	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
g.	Discussing providers' own performance with them	1 🗆	2	n 🗆	1 🗆	2 🗌	3 🗆
h.	Training staff within provider organizations	1 🗆	2 🗌	n 🗖	1 🗆	2 🗌	3 🗆

#### **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		Impor	Column B	ctivity
		Major Component	Minor Component	N/A	Very Somewhat Not ver important important importa		
a.	Providing one-to-many educational or shared learning sessions via telephone	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
b.	Large regional or statewide in-person meetings	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
C.	Routinely providing provider-specific data to providers with benchmarks.	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
d.	Notifying providers of quality improvement- related opportunities sponsored by others	1 🗆	2 🗌	n 🗆	1 🗆	2 🗆	3 🗆
e.	Summarizing quality improvement tips or information in a QIO or provider association newsletter, in paper or electronic format	1	2 🗆	n 🗆	1	2 🗆	3 🗆

#### **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.

		Column A		Impor	Column B Importance of Activity	
	Major component	Minor component	N/A	Very important	Somewhat important	Not very important
a. Developing or incorporating information into materials, talks, consultations, etc. regarding the business case for quality improvement relevant to this theme	1 🗆	2 🗆		1 🗆	2 🗆	3 🗆

#### Patient Safety

- 20. How valuable were the annual in-person meetings sponsored by CMS specific to patient safety?
  - 1 
    Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - <sup>₅</sup> □ Did not attend any annual in-person meetings sponsored by CMS
- 21. How valuable was the "change package" that CMS developed for this theme?
  - <sup>1</sup> □ Very valuable
  - 2 🗆 Valuable
  - <sup>3</sup> □ Marginally valuable
  - <sup>₄</sup> □ Not valuable at all
  - d 🗆 Don't know

#### **SECTION V: STAFFING**

- 22. Think about the person <u>most responsible</u> 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:
    - <sup>1</sup> □ Some college
    - <sup>2</sup>  $\square$  Associate's degree
    - 3 □ Bachelor's degree
    - ₄ □ Master's degree
    - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
    - 6 □ Doctoral degree [EdD, PhD]
    - 7  $\Box$  Other (*Please specify*)
  - b. Field of study, if applicable:
  - c. Years of relevant QI experience:

I			YE	ĒA	RS
	_			-/ `	

- d. Years of experience working with the types of providers or organizations relevant to this theme:
  - |\_\_| YEARS
- e. Professional level:
  - 1 
    Executive
  - $_2$   $\square$  Senior
  - 3 □ Mid-Level
  - 4 🗆 Junior
  - $5 \square$  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:
  - <sup>1</sup> □ Some college
  - <sup>2</sup>  $\square$  Associate's degree
  - <sup>3</sup> □ Bachelor's degree
  - ₄ □ Master's degree
  - <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
  - <sup>6</sup> □ 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

- $_1 \square$  Some college
- <sup>2</sup>  $\square$  Associate's degree
- <sup>3</sup> □ Bachelor's degree
- ₄ □ Master's degree
- <sup>5</sup> D Professional degree [MD, DPM, DO, PharmD, etc.]
- <sup>6</sup> □ 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?

		Strongly agree	Agree	Disagree	Strongly disagree
a.	QIO staff assigned to this theme have the right substantive expertise and experience	1 🗆	2 🗌	з 🗆	4 🗆
b.	An adequate number of QIO staff have been available to perform work on this theme	1 🗆	2 🗆	3 🗆	4 🗆
C.	The QIO has been able to retain key staff working on this theme (that is, turnover has not been a problem)	1 🗆	2 🗆	3 🗆	4 🗔

#### 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
  - <sup>2</sup> 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 <u>most relevant</u> 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 <u>first</u> organization listed at Question 27.

		Yes	No
major responsibility a	oys at least one staff member with nd time devoted to quality	1 🗆	o 🗆
	QIO talk periodically (e.g., quarterly)	1 🗆	o 🗖
	speak at association-sponsored e per year	1 🗆	o 🗖
	sors a quality-focused entity, such as Quality Institute	1 🗆	o 🗖
QI efforts substantial	QIO work jointly on one or more in scope (such as co-sponsoring ocused on QI)	1 🗆	o 🗖
	s to work with a different set of O	1 🗆	о 🗆
	s to work on QI projects that are the QIO	1 🗆	o 🗖
-	arily focuses on quality reporting ality improvement	1 🗆	o 🗖

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 <u>second</u> 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 🗆	o 🗆
b.	The association and QIO talk periodically (e.g., quarterly) to avoid overlap	1 🗆	o 🗖
C.	QIO staff attend and speak at association-sponsored meetings at least once per year	1 🗆	o 🗖
d.	The association sponsors a quality-focused entity, such as a Quality Council or a Quality Institute	1 🗆	o 🗖
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 🗆	o 🗆
f.	The association tends to work with a different set of providers than the QIO	1 🗆	o 🗖
g.	The association tends to work on QI projects that are entirely different from the QIO	1 🗆	o 🗖
h.	The association primarily focuses on quality reporting issues rather than quality improvement	1 🗆	o 🗖

#### 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
  - $\circ$   $\Box$  No  $\rightarrow$  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.\_\_\_\_\_
- 32. To what extent does the headquarters of the <u>first</u> organization listed in Question 31 drive quality in owned or affiliated organizations in this state?
  - 1 🗆 A lot
  - <sup>2</sup> D A moderate amount
  - ₃ □ A little
  - ₄ □ Not at all
  - d 🗆 Don't know
- 33. To what extent does the headquarters of the <u>second</u> 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
- <sup>2</sup> D 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.

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

#### 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 D Hospitals
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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).

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
b.	Once motivated, providers tend to seek out and find good information on how to improve	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
C.	Providers have staff who are educated or otherwise qualified to support improvement efforts	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
d.	The limitations of provider information systems remain a large barrier to improvement	1 🗆	2 🗌	з 🗆	4 🗌	d 🗖
e.	Workforce turnover is a large barrier to improvement	1 🗆	2 🗆	3 🗖	4 🗖	d 🗖

#### 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
  - <sup>2</sup> D Physician practices
  - <sup>3</sup> □ Nursing homes
  - $_4$   $\Box$  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
а.	Poorly performing providers often have financial and management problems	1 🗆	2 🗌	3 🗆	4 🗌	d 🗖
b.	Poor performance on a particular measure is often associated with physicians who <u>disagree</u> with the relevant guideline	1 🗆	2 🗌	з 🗆	4 🗌	d 🗆
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 🗆	2 🗌	з 🗆	4 🗔	d 🗆
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 🗆	2 🗌	з 🗆	4 🗆	d 🗆
e.	QIO-initiated help to the poorest performers is/would be ineffective because of their limited ability to use the help given	1 🗆	2 🗆	3 🗆	4 🗌	d 🗌

#### 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
- $_5 \square$  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.

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

- 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.
  - $_{1}$   $\square$  More providers than needed expressed interest
  - $_2$   $\square$  About the right number of providers expressed interest
  - $_{3}$   $\Box$  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?
  - $1 \square$  It took a lot of effort to secure enough providers
  - <sup>2</sup> It took a moderate amount of effort to secure enough providers
  - $_{3}$   $\Box$  It took only a little bit of effort to secure enough provider  $\rightarrow$  GO TO Q.46
- 45. Please tell us what types of providers were the most difficult to persuade to participate?

- 46. Were any providers so interested in participating that they lobbied the QIO to be sure they would be included?
  - 1 🗆 Yes
  - $\circ \Box \quad No \rightarrow GO TO Q.48$
- 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	III	
b. Participated less over time	III	
c. Intermittent participation	III	
d. Never participated very actively	II	
TOTAL	100%	

- 51. Did the QIO exclude providers who expressed interest in participating, due to limited resources?
  - <sup>1</sup> I Yes, many providers who expressed interest had to be excluded <sup>2</sup>

GO TO Q.52

- $_2$   $\square$  Yes, a few providers who expressed interest had to be excluded  $\downarrow$
- ₀ □ No, no providers who expressed interest had to be excluded → 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> :	<u>Via fax</u> :
Mathematica Policy Research	Attn: Sarah Croake
c/o Sarah Croake	202-863-1763
Suite 550, 600 Maryland Ave., SW	<u>Via email attachment</u> :
Washington, DC 20024	<u>scroake@mathematica-mpr.com</u>