

NDEP Practice Transformation Survey

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 8705 Rookledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.



A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Welcome to NDEP's online resource, Practice Transformation for Physicians and Health Care Teams. We value your feedback! Please help us improve our website by taking a brief survey.

Next

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

NDEP Practice Transformation Survey

1. Which best describes you?

- Health care provider (e.g., physician, physician assistant, nurse, nurse practitioner, pharmacist)
- Public health professional
- Health care administrator
- Health system researcher
- Student (e.g., medical school, public health school)
- General public
- Other

2. How frequently do you visit this site?

- More than once a week
- About once a week
- Two to three times a month
- About once a month
- Less than once a month
- First time

3. What was your reason for visiting this site? (Select all that apply.)

- Implement changes in practice management (e.g., implement patient-centered medical home (PCMH), conduct needs assessment, align payment policies with patient care, etc.)
- Improve patient care (e.g., clinical decision support, team-based care, care coordination, etc.)
- Incorporate diabetes programs and services into practice
- Incorporate evidence-based guidelines into practice
- Assist with maintenance of certification efforts
- Just browsing/nothing specific

Other (please specify)

4. Did you find the information or resources you were hoping to obtain?

- Yes
- No
- Not yet

5. Please specify what resources or information you were looking for.**6. How would you rate the quality of the following resources?**

	Very high	High	Medium	Low	Very low	No opinion/Did not view
Engage Leadership and Assess Your Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide Evidence-Based Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve Practice Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Clinical Decision Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice Team-Based Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhance Patient-Centered Interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve Patient Care Coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How likely are you to use information or resources from this site?

- Very likely
- Likely
- Neutral – Neither likely nor unlikely
- Unlikely
- Very unlikely

8. Please describe how the information and resources on this site will help you or have helped you in your practice.

9. We would like to hear your suggestions on how we can expand or improve our website. What additional resources or information would you like to see added?

- Success stories/case studies
- Guidance on overcoming barriers
- Videos
- Podcasts
- Social networking/sharing capabilities

Other (please specify)

10. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neutral – neither agree nor disagree	Disagree	Strongly disagree
This site is well organized and easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This site is visually appealing in terms of graphics, colors, typeface, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you!

Prev

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!