|  |  |
| --- | --- |
| **2015 Online Provider Survey** |  |
| **REV 07/29/2015** |  |
| BACKGROUND |  |
| **The 2015 Online Provider Survey** is an online survey of primary care physicians, specialists and practice managers in the offices of primary care and specialist private practices. |  |
| TOPICS |  |
| **Technology** |  |
| **Health system change** |  |
| **Provider Communications** |  |
|  |  |
| **Method and Sample quotas** |  |
| Participant Types and Counts:Primary Care physicians in small practices with 1-5 physicians (n=200)Primary Care physicians in larger practices with over 5 physicians (n=200)Specialist physicians in small practices with 1-5 physicians (n=200)Specialist physicians in larger practices with over 5 physicians (n=200)Practice managers in small practices with 1-5 physicians (n=200)Practice managers larger practices with over 5 physicians (n=200) |  |
| Practice Characteristics: specialty (mix); years in practice =3+; Percent of time direct patient care = 75%+; percent revenue from Medicare=cap of no more than 20% of the sample can have Medicare revenues of less than 20%  |  |
| *[Within each participant type:] Minimum of 10% in ACO or Patient Centered Medical Home* |  |
| **PRIMARY CARE:**  |  |
| QUOTA: fixed, weight proportional to universe |  |
| MONITOR: GET A MIX |  |
|  |  |
| **SPECIALISTS:**  |  |
| QUOTA: fixed, weight proportional to universe |  |
|  |  |
| **MEDICAL SPECIALTIES**  |  |
| 50%, MONITOR: GET A MIX. |  |
|  |  |
| **SURGERY AND SURGICAL SPECIALTIES**  |  |
| 50%, MONITOR: GET A MIX |  |
|  |  |
| Outcome Measures: Medicare awareness and knowledge; awareness and participation in CMS programs and initiatives; usage of CMS and non-CMS communications, social media and other channels |  |
| Segmentation of physicians and physician practices |  |
| Consider separate segmentations for physicians as individuals and physician practices as entities. |  |
| Segment by social media use, CMS website use |  |
| Segment by awareness and use of CMS initiatives |  |
| Analysis: Compare subsamples on variables such as years in practice; practice size; region; respondent type; primary/specialist; urban density; practice ownership and derived segment. Also, identify key questions to be answered by this dataset and design analysis accordingly. |  |
|  |  |
| *See practice structure list. AMA 2012*  |  |
|  |  |

|  |  |
| --- | --- |
| **2015 PROVIDER SURVEY** |  |
| **SCREENING QUESTIONS** |  |
| We are conducting a survey for the Center for Medicare and Medicaid Services (CMS) to better understand what medical professionals and their patients need to know about Medicare, and to learn how to best meet these needs. |  |
| Your input is very important. The information collected will be used for research purposes only. At no time will we attempt to sell you anything. Your participation in this survey is anonymous and voluntary. Your individual answers will remain confidential and reported only in the aggregate. Click [here](http://www.marketstrategies.com/en/privacy.aspx) to view our Privacy Policy. |  |
| Thank you very much for your time. |  |
|  |  |
| S1. Which of these best describes your role? [DO NOT ACCEPT MULTIPLES] |  |
|

|  |  |  |
| --- | --- | --- |
| * Primary Care Physician
 |  | Refer to quotas above |
| * Specialist
 |  |
| * Practice Manager/Office Manager
 |  |
| * None of the above
 |  | TERMINATE |
| * Don’t know
 |  | TERMINATE |

 | DP2 |
|  |  |
| S2. [If Primary Care Physician or Specialist] Are you board certified or eligible for board certification? |  |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  | TERMINATE |

 |  |
|  |  |
| S3. [If Primary Care Physician or Specialist] Including yourself, how many physicians are in your primary practice (the place where you spend the most time seeing patients)? [If Practice Manager/Office Manager] How many physicians are in your primary practice (the place where you spend the most time as a Practice Manager/Office Manager)?* Number of physicians: [RECORD NUMBER 1–9999]
 | DP2 |
|  |  |
| S4. [If Primary Care Physician or Specialist] Is your primary practice (the place where you spend the most time seeing patients) part of a larger group practice with multiple locations? [If Practice Manager/Office Manager] Is your primary practice (the place where you spend the most time as a Practice Manager/Office Manager) part of a larger group practice with multiple locations? |  |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  |  |

 |  |
|  |  |
| S5. [If S4=Yes and Primary Care Physician or Specialist] Including yourself, how many physicians are in the overall group practice, including all offices? [If S4=Yes and Practice Manager/Office Manager] How many physicians are in the overall group practice, including all offices?* Number of physicians: [RECORD NUMBER 1–9999]
 | DP2 |
|  |  |

|  |  |
| --- | --- |
| S6. Which of the following best describes the ownership arrangement of your practice? | DP2 |
|

|  |  |  |
| --- | --- | --- |
| * Sole proprietorship
 |  |  |
| * Physician partnership
 |  |  |
| * 3rd-party owned (e.g. Health System, Hospital, Insurer)
 |  |  |
| * Government owned
 |  | TERMINATE |
| * Other (please specify)
 |  |  |
| * Don’t know
 |  |  |

 |  |
|  |  |
|  |  |
| S7. [If Primary Care Physician or Specialist] How many years have you been in practice (excluding residency or fellowship training)? * \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years [TERMINATE IF <3 YRS]
 | SB04 |
|  *(Weight to AMA Master List proportions for years in practice)* |  |
|  |  |

|  |  |
| --- | --- |
| S8. [If Primary Care Physician or Specialist] What is your primary medical specialty? [DO NOT ACCEPT MULTIPLES] | DP2 |
|  |  |
| *See AMA 2012 Specialties*  |  |
| *[Hitech SURVEY SPECIALIST PRECODES] (ALPHABETIZE CODES IN SURVEY PROGRAM; ONLY SHOW CODES 01-04, 99 FOR S1=PRIMARY CARE PHYSICIAN AND SHOW CODES 10-99 FOR S1=SPECIALIST)*  |  |
|

|  |
| --- |
| **PRIMARY CARE: QUOTA: SEE ABOVE** |
| Internal medicine……………. 01 |
| Family medicine and general practice 02 |
| Obstetrics and gynecology (Ob/Gyn) 03 |
| Pediatrics 04  |
|  |
| **SPECIALTIES: QUOTA: SEE ABOVE** |
| Allergy and immunology 10 |
| Cardiology and cardiac surgery 11 |
| Chiropractor 12 |
| Colon and rectal surgery 13 |
| Dermatology …………………………………………………………………………………………….16 |
| Endocrinology …………………………………………………………………………………………….17 |
| Gastroenterology …………………………………………………………………………………………….18 |
| General surgery …………………………………………………………………………………………….19 |
| Hematology/oncology 20 |
| Infectious disease 21 |
| Nephrology …………………………………………………………………………………………….22 |
| Neurology …………………………………………………………………………………………….23 |
| Ophthalmology …………………………………………………………………………………………….24 |
| Optometrist 25 |
| Orthopedic surgery 26 |
| Otolaryngology (ENT) 27 |
| Plastic and reconstructive surgery 28 |
| Podiatry …………………………………………………………………………………………….29  |
| Psychiatry …………………………………………………………………………………………….30 |
| Pulmonary disease/pulmonary and critical care 31 |
| Rheumatology …………………………………………………………………………………………….32 |
| Surgery …………………………………………………………………………………………….33 |
| Urology …………………………………………………………………………………………….34 |
| Anesthesiology……………………………………………………………………………………………..…37 |
| Radiology…………………………………………………………………………..………………………….…38 |
| Rehabilitation……………………………………………………………………………………..…………..39 |
| ER/trauma/critical care…………………………………………..…………………………………….…40 |
| Geriatrics……………………………………………………….…………………………………….………….41 |
| Other Specialist (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................................98  |
| Don’t know/Refused (VOL.) ……………………………………………………….……………..…….99 **TERMINATE** |

 |  |

|  |  |
| --- | --- |
|  |  |
| S9. In which state is your primary practice located? \_\_\_\_\_\_\_\_\_\_ | DG11 |
| (Use drop down box. Limit to 50 US states and other. Terminate if other.) |  |
| *(Stratify to AMA Master List proportions)?* |  |
| S10. [If Primary Care Physician or Specialist] What percentage of your time is spent in clinical practice (i.e., direct patient care) as opposed to teaching or research? | SP1 |
|

|  |  |  |
| --- | --- | --- |
| * Zero to 24% of your working time
 | 0% | TERMINATE |
| * 25% to 49% of your working time
 | 0% |
| * 50% to 74% of your working time
 | 0% |
| * 75% or more of your working time
 | 100% |  |
| * Don’t know
 | 0 | TERMINATE |

S11. Approximately what percent of your primary practice’s revenues would you say come from Medicare?  |  |
|

|  |  |  |
| --- | --- | --- |
| * Zero to 19%
 | Cap | Monitor and cap at 20% of any subgroup from Quota Group on Page 1. |
| * 20% to 39%
 |  | Mix |
| * 40% to 59%
 |  |
| * 60% to 79%
 |  |
| * 80% or more
 |  |
| * Don’t know
 |  |  |

S12. About what percent of your primary practice’s revenues come from Medicaid, the state insurance program?  | SP2 |
|

|  |  |  |
| --- | --- | --- |
| * Zero to 19%
 |  |  |
| * 20% to 39%
 |  |  |
| * 40% to 59%
 |  |  |
| * 60% to 79%
 |  |  |
| * 80% or more
 |  |  |
| * Don’t know
 |  |  |

 | SP2 |
|  |  |
| S13. Does your primary practice currently accept new Medicare patients? | SP3 |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  |  |
| * Don’t know
 |  |

 |  |
| S14. Does your primary practice currently accept new Medicaid patients? |  |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  |  |
| * Don’t know
 |  |

 | SP3 |
|  |  |
| [S15. [If Primary Care Physician or Specialist] Are you personally part of an Accountable Care Organization (ACO)? [If Practice Manager/Office Manager] Are the physicians in your practice part of an Accountable Care Organization (ACO)? | BP1 |
|

|  |  |
| --- | --- |
| * Yes
 | Count toward target (see first page. Continue asking question) |
| * No
 |  |
|  |  |

 |  |
|  |  |

|  |  |
| --- | --- |
| S16. [If Primary Care Physician or Specialist] Are you personally part of a Patient Centered Medical Home (PCMH)? [If Practice Manager/Office Manager] Are the physicians in your practice part of a Patient Centered Medical Home (PCMH)? |  |
|

|  |  |
| --- | --- |
| * Yes
 | Count toward target (see first page. Continue asking question) |
| * No
 |  |
|  |  |

 | BP1 |
|  |  |
| IF PASSED -- Congratulations – you are eligible to take this important survey regarding the Centers for Medicare and Medicaid Services (CMS). Your responses will help the Department of Health and Human Services improve services to you and your patients. |  |
|  |  |
|  |  |
| IF TERMINATED – Thank you. Based on your responses you aren’t eligible for this survey. |  |

|  |  |
| --- | --- |
| **2015 PROVIDER SURVEY** |  |
| **QUESTIONNAIRE** |  |
|  |  |
| **TECHNOLOGY** |  |
|  |  |
| **Please answer the following questions about your use of technology.** |  |
| 1. In general, how quickly do you adopt new technologies, such as new electronics, software, or apps? | DMG4A |
|

|  |  |
| --- | --- |
| * Very late to adopt new technology
 |  |
| * Wait and see how it works for other people
 |  |
| * In the middle, neither early nor late adopting
 |  |
| * Slightly ahead of the curve in trying new technology
 |  |
| * One of the first to adopt new technology
 |  |

 |  |
|  |  |
| 2. Which of the following devices do you use in your practice? (Select all that apply.) | BP1 |
|

|  |  |
| --- | --- |
| * A smart phone like iPhone, Blackberry, or Android
 |  |
| * iPad or other tablet computer
 |  |
| * None of the above
 |  |

 |  |
|  |  |
| 3. Does your primary practice provide TeleHealth or mHealth, meaning that you provide professional medical advice over the phone, smart phone, or computer? | BP1 |
|

|  |  |
| --- | --- |
| * Yes
 |  |
| * No
 |  |
| * Don’t know
 |  |

 |  |
|  |  |
| 4. Does your practice have a website?  | BP1 |
|

|  |  |
| --- | --- |
| * Yes
 |  |
| * No
 |  |
| * Don’t know
 |  |

 |  |
|  |  |
| 5. [If practice has a website] Which of the following best describes the practice’s website? (Select all that apply.) |  K1 |
|

|  |  |  |
| --- | --- | --- |
| * Provides general information (hours, location, etc.)
 |  |  |
| * Provides interactive features to patients (schedule appointments, pay bills, etc.)
 |  |  |
| * Allows for secure two-way communication between patients and providers, such as e-mail
 |  |  |
| * Includes access to a secure online patient portal
 |  |  |
| * None of the above
 |  |  |

 |  |
|  |  |

|  |  |
| --- | --- |
| 6. Thinking about Electronic Health Records (EHR), which of the following statements BEST describes your primary practice’s current position? (Select only one response.) | DMG4A |
|

|  |  |
| --- | --- |
| 1. Have not considered acquiring an electronic health record at all
 |  |
| 1. Have considered and decided not to acquire an electronic health record system at all
 |  |
| 1. Have considered possibly acquiring an electronic health record at some point in the future
 |  |
| 1. Have thoroughly investigated the factors involved in acquiring an electronic health record, for implementation in the near future
 |  |
| 1. Have already acquired an electronic health record and are now in the implementation stage
 |  |
| 1. Have completed training and fully implemented our electronic health record and are now maintaining and improving our use of it
 |  |

 |  |
|  |  |
| 7. [If have completed training and fully implemented (6=F)]  | ING7 |
| How does your primary practice share data electronically through the EHR (not including Fax)? [ROTATE] (Select all that apply.) We share data… |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| 1. … with a local or state Health Information Exchange (HIE)
 |  |  | DK |
| 1. …within your own practice site
 |  |  |  |
| 1. …among different sites within your medical group\*
 |  |  |  |
| 1. …with pharmacies outside your medical organization
 |  |  |  |
| 1. …with hospitals outside your medical organization
 |  |  |  |
| 1. …with labs outside your medical organization
 |  |  |  |
| 1. …with specialists outside your medical group
 |  |  |  |
| 1. …with patients and caregivers using an online Personal Health Record (PHR)
 |  |  |  |

 \* asked of non-solo practices (S4=Yes) |  |
|  |  |

|  |  |
| --- | --- |
| **NEW PROGRAMS AND INITIATIVES** |  |
| **The next series of questions focus on some new CMS initiatives.** |  |
| 8. Typically, which of the following best describes when you prepare for upcoming changes to the U.S. healthcare system? (select one) | DMG4A |
|

|  |  |  |
| --- | --- | --- |
| * Well in advance of the change taking effect
 |  |  |
| * Immediately prior to the change taking effect
 |  |  |
| * When the change takes effect
 |  |  |
| * After the change takes effect
 |  |  |

 |  |
|  |  |
| 9. When you are considering adopting new programs or practices, which of the following is the MOST important factor? Which is the LEAST important factor? (randomize)* Check one as MOST important
* Check one as LEAST important
 | PG11 |
|  | MOST IMPORTANT | LEAST IMPORTANT |
| 1. Adherence to sound business practices
 |  |  |
| 1. Well supported evidence in peer-reviewed journals
 |  |  |
| 1. Potential for improving patients’ health outcomes
 |  |  |

|  |
| --- |
| 10. How favorable is your opinion of each of the following programs (randomize a-f; show g-k not randomized at the end of the series) |
|  |  | Very favorable | Somewhat favorable | Somewhat unfavorable | Very unfavorable |  | I am not familiar with this program |  ATG7AWG2 |
|  | 1. Accountable Care Organization (e.g., New Generation ACOs, Pioneer ACO, Medicare Shared Savings Program, or Advance Payment ACO Model) or any program in which providers are compensated partly based on measurable quality
 |  |  |  |  |  |  |  |
|  | 1. Patient Centered Medical Home: A primary care practice in which providers are compensated for coordinating all of the patient’s health care
 |  |  |  |  |  |  |  |
|  | 1. Open Payments, also known as the Physician Payments Sunshine Act: Reporting of compensation to providers by pharmaceutical companies to CMS
 |  |  |  |  |  |  |  |
|  | 1. The Health Insurance Marketplace: Offering consumers the ability to shop for affordable coverage and subsidies (also known as health insurance exchanges)
 |  |  |  |  |  |  |  |
|  | 1. Medicare durable medical equipment supplier program: Known as the Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)
 |  |  |  |  |  |  |  |
|  | 1. Medicare Part D Prescriber Enrollment Rule 4159: Part of the Medicare Part D Fraud Prevention Program
 |  |  |  |  |  |  |  |
|  | 1. Physician Quality Reporting System (PQRS)
 |  |  |  |  |  |  |  |
|  | 1. ICD-10: The new coding system to replace ICD-9
 |  |  |  |  |  |  |  |
|  | 1. Medicare e-Prescribing Incentive Program
 |  |  |  |  |  |  |  |
|  | 1. The Medicare and Medicaid Fraud Prevention Program
 |  |  |  |  |  |  |  |
|  | 1. Other quality reporting requirements (e.g., state, local, insurer)
 |  |  |  |  |  |  |  |
|   |  |
|  |  |
| 11. [If aware of Open Payments/Sunshine Act and Primary Care Physician or Specialist] Regarding Open Payments/the Sunshine Act, have you registered through CMS to review your information before it is made public? [If aware of Open Payments/Sunshine Act and Practice Manager/Office Manager] Regarding Open Payments/the Sunshine Act, have the physicians in your practice registered through CMS to review their information before it is made public? | BP1 |
|

|  |  |
| --- | --- |
| * Yes
 |  |
| * No
 |  |
|  |  |

 |  |
| 12. [If registered to review information and Primary Care Physician or Specialist] Did you look up your name to see what was reported about you on the public website? [If registered to review information and Practice Manager/Office Manager] Did you or the physicians in your practice look up their names to see what was reported about them on the public website? | BP1 |
|

|  |  |
| --- | --- |
| * Yes
 |  |
| * No
 |  |

 |  |
|  |  |
| 13. [If aware of Health Insurance Marketplace and Primary Care Physician or Specialist]: Do you tell patients about the Health Insurance Marketplace as a place to shop for affordable health insurance? |  |
|

|  |  |
| --- | --- |
| * Yes
 |  |
| * No
 |  |

 |  |
|  |  |
| [If aware of the Medicare durable medical equipment supplier program] Regarding your patients who require durable medical equipment or supplies… |  |
| 14A. How often can you readily obtain DMEPOS items covered by the Competitive Bidding Program? | BG3 |
| * Always
 |  |
| * Usually
 |  |
| * Sometimes
 |  |
| * Never
 |  |
|  |
| 14B. Has the quality of the medical equipment or supplies since the DMEPOS Competitive Bidding Program started… | BG3 |
| * Improved
 |  |
| * Remained about the same
 |  |
| * Worsened
 |  |
| * Don’t know
 |  |
|  |

|  |  |
| --- | --- |
| 14C. Has the quality of service provided by the Competitive Bidding Program contract suppliers… | BG3 |
| * Improved
 |  |
| * Remained about the same
 |  |
| * Worsened
 |  |
| * Don’t know
 |  |
|  |  |
| 15. [If aware of Part D Prescriber Enrollment rule 4159, part of the Medicare Part D Fraud Prevention program and Primary Care Physician or Specialist] Are you currently enrolled as a Medicare Part D prescriber (under Part D Prescriber Enrollment Rule 4159)? [If aware of Part D Prescriber Enrollment rule 4159, part of the Medicare Part D Fraud Prevention program and Practice Manager/Office Manager] Are the physicians in your practice currently enrolled as Medicare Part D prescribers (under Part D Prescriber Enrollment Rule 4159)? | BP1/SP3 |
|

|  |  |
| --- | --- |
| * Yes
 |  |
| * No
 |  |
| * Don’t know
 |  |

 |  |
|  |  |
| 16. In your opinion, which of the new initiatives are most likely to improve health outcomes for the United States as a whole? (Select up to 3) | PG10 |
|

|  |
| --- |
| * Accountable Care Organization (e.g., New Generation ACOs, Pioneer ACO, Medicare Shared Savings Program, or Advance Payment ACO Model) or any program in which providers are compensated partly based on measurable quality
 |
| * Patient Centered Medical Home: A primary care practice in which providers are compensated for coordinating all of the patient’s health care
 |
| * Open Payments, also known as the Physician Payments Sunshine Act: Reporting of compensation to providers by pharmaceutical companies to CMS
 |
| * The Health Insurance Marketplace: Offering consumers the ability to shop for affordable coverage and subsidies (also known as health insurance exchanges)
 |
| * Medicare durable medical equipment supplier program: Known as the Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)
 |
| * Medicare Part D Prescriber Enrollment Rule 4159: Part of the Medicare Part D Fraud Prevention Program
 |
| * Physician Quality Reporting System (PQRS)
 |
| * ICD-10: The new coding system to replace ICD-9
 |
| * Medicare e-Prescribing Incentive Program
 |
| * The Medicare and Medicaid Fraud Prevention Program
 |
| * Other quality reporting requirements (e.g., state, local, insurer)
 |
| * Other (please specify)
 |
| * None
 |
| * Don’t know
 |

 |  |
|  |  |

|  |  |
| --- | --- |
| **QUALITY PROGRAMS** |  |
| 17. [If Primary Care Physician or Specialist] When you admit a Medicare patient to the hospital for a non-emergency issue, which statement best describes the decision process? [ROTATE] [select only one response] | DMG4A |
|

|  |
| --- |
| * My patient requests a particular hospital and I try to accommodate their preference
 |
| * I provide written material or online information to review with the patient and the patient decides
 |
| * I offer options for discussion, and the patient and I decide together
 |
| * I recommend the hospital I feel is best, which the patient generally accepts
 |

 |  |
|  |  |
| 18. [If Primary Care Physician or Specialist] When you must admit a Medicare patient to the hospital on a non-emergency basis, how often do you discuss hospital quality with them? | BG3 |
|

|  |  |  |
| --- | --- | --- |
| * Always
 |  |  |
| * Usually
 |  |  |
| * Sometimes
 |  |  |
| * Never
 |  |  |

 |  |
|  |  |
|  |  |
| 19. Please indicate how favorable you are towards the following interactive tools available for consumers on Medicare.gov. | OMB |
|  |  | Very favorable | Somewhat favorable | Somewhat unfavorable | Very unfavorable |  | I am not familiar with it  |  ATG7AWG2 |
|  | 1. **Hospital Compare**: An interactive tool on Medicare.gov that provides information about how well hospitals provide care for certain conditions
 |  |  |  |  |  |  |  |
|  | 1. **Nursing Home Compare**: The interactive tool on Medicare.gov that provides information to consumers about the quality of nursing homes
 |  |  |  |  |  |  |  |
|  | 1. **Plan Finder**: An interactive tool on Medicare.gov that provides information to help consumers choose a Medicare Part D or Medicare Advantage plan
 |  |  |  |  |  |  |  |
|  | 1. **Physician Compare**: A Medicare web based tool that helps patients choose doctors in their locale
 |  |  |  |  |  |  |  |
|  | 1. **Dialysis Compare**: A Medicare web based tool that helps patients find dialysis centers in their locale
 |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 20. Please indicate how favorable you are towards the CMS Preventive Care program, offering **preventive services** to Medicare patients. | BG3 |
|

|  |  |  |
| --- | --- | --- |
| * Very favorable
 |  |  |
| * Somewhat favorable
 |  |  |
| * Somewhat unfavorable
 |  |  |
| * Very unfavorable
 |  |  |
| * I am not familiar with it
 |  |  |

 |  |
|  |  |
| 21. [If Primary Care Physician or Specialist] When discussing **preventive services** with patients, which one of the following is most often true? [DO NOT ACCEPT MULTIPLES]  | DMG4A |
|

|  |
| --- |
| * You usually raise the topic of which preventive screenings the patient is due to have
 |
| * Patient or caregiver usually raises the topic
 |
| * You and the patient/caregiver raise the topic to about an equal extent
 |
| * You don’t typically discuss preventive services with patients or caregivers
 |
| * Someone else manages this
 |
| * Don’t know
 |

 |  |
|  |  |
| **INFORMATION FOR HEALTHCARE PROFESSIONALS** |  |
| 22. To your knowledge, which of the following services are offered **free of charge** to patients under Original Medicare (Medicare Parts A and B only, and not Medigap or any other supplemental plan)? Please check all that apply. [ACCEPT MULTIPLES]  |  |
|

|  |  |
| --- | --- |
|  | Check all that apply |
| * Alcohol misuse screening/counseling
 |  |
| * Bone mass measurement
 |  |
| * Cancer screenings
 |  |
| * Cardiovascular or cholesterol screening
 |  |
| * Depression screening
 |  |
| * Diabetes screening and management
 |  |
| * Glaucoma test
 |  |
| * Immunizations and shots
 |  |
| * Obesity screening & counseling
 |  |
| * One time “Welcome to Medicare” Preventive Care Visit
 |  |
| * Smoking cessation counseling
 |  |
| * None of these
 |  |

 | KG8 |
|  |  |
| 23. To your knowledge, does Medicare or the Social Security Administration provide any financial help to seniors who cannot afford Part D/prescription drug coverage? | KG8 |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  |  |
| * Don’t know
 |  |  |

 |  |
|  |  |
| Next, please think about the information resources available to healthcare professionals like yourself. 24. Please indicate which of the following resources you have used in the past year. (Select all that apply.) [ROTATE] |  |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  Check all that apply |  |  |  |  |  | Never |
| 1. National, state, or local medical conferences or meetings
 |  |  |  |  |  |  |  |  |
| 1. Professional membership organizations
 |  |  |  |  |  |  |  |  |
| 1. Professional journals (paper or online)
 |  |  |  |  |  |  |  |  |
| 1. Providers and/or staff in your practice
 |  |  |  |  |  |  |  |  |
| 1. Outside consultants (practice consultant, billing specialist)
 |  |  |  |  |  |  |  |  |
| 1. www.medscape.com
 |  |  |  |  |  |  |  |  |
| 1. Private insurance companies
 |  |  |  |  |  |  |  |  |
| 1. Medical Group Management Association (MGMA)
 |  |  |  |  |  |  |  |  |
| 1. Hospitals and health systems
 |  |  |  |  |  |  |  |  |
| 1. EHR vendor
 |  |  |  |  |  |  |  |  |
| 1. Pharmaceutical or medical device/supply reps
 |  |  |  |  |  |  |  |  |
| 1. Training sponsored by manufacturers
 |  |  |  |  |  |  |  |  |
| 1. Other online information sources
 |  |  |  |  |  |  |  |  |

 | ISG2/ISG3 |
|  |  |
| 25. Please indicate which of the following CMS resources for information specifically about Medicare or other CMS programs and initiatives you have used in the past year. (Select all that apply.) [ROTATE] |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  Check all that apply |  |  |  |  |
| 1. www.cms.hhs.gov, the general website for the Centers for Medicare and Medicaid Services
 |  |  |  |  |  |
| 1. www.hhs.gov, the website of the US Department of Health and Human Services
 |  |  |  |  |  |
| 1. www.medicare.gov, the US government site for people with Medicare
 |  |  |  |  |  |
| 1. Medicare Learning Network (MLN), providing email updates, education, information, and resources for health care professionals
 |  |  |  |  |  |
| 1. MLN Connects, National Provider Calls for Medicare providers and suppliers
 |  |  |  |  |  |
| 1. [www.Healthcare.gov](http://www.Healthcare.gov), the Health Insurance Marketplace website
 |  |  |  |  |  |
| 1. (CMS) Open Door Forums
 |  |  |  |  |  |
| 1. A newsletter from CMS
 |  |  |  |  |  |

 | ISG2/ISG3 |
|  |  |
| 26. In your primary practice, who is responsible for information seeking and sharing important information about new CMS policies and initiatives? (check all that apply) | DMG1 |
|

|  |  |
| --- | --- |
| * Myself
 |  |
| * [If Primary Care Physician or Specialist] Other clinicians
* [If Practice Manager/Office Manager] Clinicians
 |  |
| * [If Primary Care Physician or Specialist] Practice Manager(s)/Office Manager(s)
* [If Practice Manager/Office Manager] Other Practice Manager(s)/Office Manager(s)
 |  |
| * A central department at a hospital or medical group
 |  |
| * A contractor or consultant
 |  |
| * Other (specify title)
 |  |
| * No one in particular
 |  |
| * Don’t know
 |  |

 |  |
|  |  |
| 27. In general, how strongly do you agree or disagree that you have all the information needed regarding CMS programs and initiatives including Medicare? | KG2  |
|

|  |  |  |
| --- | --- | --- |
| * Strongly agree
 |  |  |
| * Somewhat agree
 |  |  |
| * Somewhat disagree
 |  |  |
| * Strongly disagree
 |  |  |

 |  |
|  |  |
| 28. In general, how strongly do you agree or disagree that CMS provides information that is…  | PG9 |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (rotate) | Strongly agree | Somewhat agree | Somewhat Disagree | Strongly Disagree |
| 1. The right level of detail
 |  |  |  |  |
| 1. Accurate
 |  |  |  |  |
| 1. Easy to understand
 |  |  |  |  |
| 1. [If Primary Care Physician or Specialist] Relevant for your specialty

[If Practice Manager/Office Manager] Relevant for your role |  |  |  |  |
| 1. Easily accessible
 |  |  |  |  |
| 1. Timely
 |  |  |  |  |
| 1. Up-to-date
 |  |  |  |  |

 |  |

|  |  |
| --- | --- |
|  29. How often do you use these social media in your medical practice? (randomize) | AWG2+ ISG3 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | How often used? |  |  |  |  |
| Social media: | Once a week or more | More than once a month | About once a month | Less than once a month | One time only | Never | I am not aware of it | Never |
| 1. Facebook
 |  |  |  |  |  |  |  |  |
| 1. Twitter
 |  |  |  |  |  |  |  |  |
| 1. Blogs
 |  |  |  |  |  |  |  |  |
| 1. SERMO
 |  |  |  |  |  |  |  |  |
| 1. Doximity
 |  |  |  |  |  |  |  |  |
| 1. YouTube
 |  |  |  |  |  |  |  |  |
| 1. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |  |  |  |  |  |

 |  |
|  |  |
| 30. In the future, how would you prefer that CMS communicate with you about important information about CMS programs and initiatives, including Medicare? (check all that apply) | ISG5 |
|

|  |  |  |
| --- | --- | --- |
| * A CMS website
 |  |  |
| * A CMS mobile app
 |  |  |
| * A CMS newsletter
 |  |  |
| * Blog
 |  |  |
| * Email that you subscribe to
 |  |  |
| * Fax
 |  |  |
| * Journal article (online or print)
 |  |  |
| * Letter sent by US Mail
 |  |  |
| * Medicare CME training seminar
 |  |  |
| * Medscape
 |  |  |
| * Podcast
 |  |  |
| * Regional or local meeting
 |  |  |
| * Social media: Facebook
 |  |  |
| * Social media: SERMO
 |  |  |
| * Social media: Twitter
 |  |  |
| * Webinar
 |  |  |
| * Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |

 |  |
|  |  |

|  |  |
| --- | --- |
| ABOUT MEDICARE  |  |
|  31. In general, please indicate how strongly you agree or disagree with each statement about Medicare. | ISG6 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (rotate) | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |  |
| 1. Medicare provides access to better healthcare
 |  |  |  |  |  |
| 1. Medicare provides tools to help families make better health care decisions
 |  |  |  |  |  |
| 1. Medicare is your partner
 |  |  |  |  |  |
| 1. Medicare is innovative
 |  |  |  |  |  |
| 1. Medicare is an organization you trust
 |  |  |  |  |  |
| 1. Medicare helps patients manage their health
 |  |  |  |  |  |
| 1. Medicare is up-to-date
 |  |  |  |  |  |
| 1. Medicare is responsive when you call
 |  |  |  |  |  |
| 1. Medicare is helpful when you have a question
 |  |  |  |  |  |

 | NA |
|  |  |
| **SATISFACTION WITH PROFESSION** |  |
| 32. Overall, how satisfied are you with your current profession?  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| * Very satisfied
 |  |  |  |
| * Somewhat satisfied
 |  |  |  |
| * Not very satisfied
 |  |  |  |
| * Not at all satisfied
 |  |  |  |

 |  |
|  |  |
| **DEMOGRAPHICS** |  |
| The final few questions are for classification purposes.  |  |
| 33. Which of the following categories best describes the size of the city where your primary practice operates?  | DP2 |
|

|  |  |  |
| --- | --- | --- |
| * Large city
 |  |  |
| * Mid-size city
 |  |  |
| * Small city
 |  |  |

 |  |
|  |  |
| 34. Which of the following categories best describes the location where your primary practice operates?  | DP2 |
|

|  |  |  |
| --- | --- | --- |
| * Suburban
 |  |  |
| * Rural
 |  |  |
| * Urban
 |  |  |

 |  |
|  |  |
| 35. Which of the following categories best describes your primary practice?  | DP2 |
|

|  |  |  |
| --- | --- | --- |
| * Single specialty
 |  |  |
| * Multi-specialty with primary and specialty care
 |  |  |
| * Multi-specialty with primary care only
 |  |  |
| * Multi-specialty with specialty care only
 |  |  |
| * None of the above
 |  |  |
| * Don’t know
 |  |  |

 |  |
|  |  |
| 36. [If Primary Care Physician or Specialist] At what type of facility is your practice primarily based? (Even though you may treat patients at multiple locations, indicate where the majority of your practice is based.)  [If Practice Manager/Office Manager] At what type of facility is your practice primarily based? (Even though you may work as a Practice Manager/Office Manager at multiple locations, indicate where the majority of your practice is based.) [DO NOT ACCEPT MULTIPLES] | DP2 |
|

|  |  |  |
| --- | --- | --- |
| * An office-based private practice
 |  |  |
| * Community/teaching hospital
 |  |  |
| * Community/non-teaching hospital
 |  |  |
| * University-affiliated hospital
 |  |  |
| * Other (please specify)
 |  |  |

 |  |
|  |  |
| 37. Are you employed by a hospital or health system? |  |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  |  |
| * Don’t know
 |  |  |

 |  |
|  |  |
| 38. An Integrated Delivery Network (IDN) or Integrated Delivery System (IDS) is a network of hospitals, physicians, other providers, insurers and/or community agencies that engage with each other to provide coordinated care to patients in a particular market. Is your primary practice part of an integrated delivery network or system? |  |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  |  |
| * Don’t know
 |  |  |

 |  |
|  |  |
| 39. Please indicate any particular nationality, ethnic or racial groups your primary practice specializes in serving. (Select all that apply.) | DP2 |
|

|  |  |
| --- | --- |
| * Black/African American
 |  |
| * American Indian/Pacific Islander
 |  |
| * Asian
 |  |
| * Caucasian
 |  |
| * Hispanic
 |  |
| * Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| * None
 |  |

 |  |
|  |  |
| 40. [If Primary Care Physician or Specialist] Which of the following best describes your role in the practice? |  |
|

|  |  |
| --- | --- |
| * I see patients exclusively and am not involved in managing my practice
 |  |
| * I have some involvement in managing my practice
 |
| * I am highly involved in managing my practice
 |
| * I am the sole person who manages my practice
 |  |

 |  |
|  |  |
| 41. [If Primary Care Physician or Specialist] Approximately how many patients do you see in an average week? |  |
| * Patients in a typical week: [RECORD NUMBER 1–999]
 |  |
|  |  |
| 42. Please indicate your gender.  | DG1 |
|

|  |  |  |
| --- | --- | --- |
| * Male
 |  |  |
| * Female
 |  |  |

 |  |
|  |  |

|  |  |
| --- | --- |
| 43. What is your age? | DG2 |
|

|  |  |
| --- | --- |
| * [Record age and code into census age bands]
 |  |

 |  |
|  |  |
| 45. May we contact you to conduct additional research studies in the future? Whether you choose to participate in those studies is up to you. We will not share your information with anyone for marketing purposes. | BG8 |
|

|  |  |  |
| --- | --- | --- |
| * Yes
 |  |  |
| * No
 |  |  |

 |  |
|  |  |
| **Thank you very much for your time.** |  |