Quality Payment Program Provider Awareness Tracking Survey

This is a national survey of healthcare providers being conducted on behalf of the U.S. Department of Health and Human Services. The U.S. Department of Health and Human Services is the government agency responsible for initiatives to improve the health of all Americans, including the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA). It regularly sponsors research to help evaluate providers' understanding of important changes happening to Medicare.

Your participation in this survey is anonymous and voluntary. Your individual answers will remain confidential and reported only in the aggregate.

DP1a. Which of the following best describes your role? *(Accept 1 response)*
      01 Physician *(code as physician)*
      02 Nurse practitioner *(code as mid-level)*
      03 Physician assistant *(code as mid-level)*
      04 Certified nurse midwife *(code as mid-level)*
      05 Clinical nurse specialist *(code as mid-level)*
      06 Certified registered nurse anesthetist *(code as mid-level)*
      07 Medical practice manager or medical office manager *(code as practice manager)*
      98 Other *(TERMINATE)*
      99 Prefer not to answer *(TERMINATE)*

DP1b. *(Physicians only)* **Which of the following best describes your current profession?** (*Accept 1 response*)
      1 Doctor of Medicine (MD) or Doctor of Osteopathy (DO)
      2 Chiropractor *(Autocode as 12 in DP1d)*
      3 Optometrist *(Autocode as 25 in DP1d)*
      4 Podiatrist *(Autocode as 29 in DP1d)*
      5 Dentist *(Autocode as 14 in DP1d)*
      6 Dental Surgeon *(Autocode as 15 in DP1d)*
      8 Other *(TERMINATE)*
      9 Prefer not to answer *(TERMINATE)*

DP1c. *(Practice managers only)* **Which of the following best describes your current job title?**
      1 Office Manager
      2 Practice Manager
      3 Administrator
      4 IT Administrator
      5 Medical Records Professional
      8 Other (specify)
      9 Prefer not to answer *(TERMINATE)*

DP1d. *Physicians:* **What is your specialty?** *Mid-Levels:* **Do you work in a particular specialized area of health care?** *Practice managers:* **What is the primary medical specialty of the physicians in your practice?** *(Accept 1 response)*

> <u>CODE AS PRIMARY CARE:</u>
> 01 Internal medicine
> 02 Family medicine and general practice
> 03 Obstetrics and gynecology (Ob/Gyn)
> 04 Pediatrics
> 05 Multispecialty (primary care) *(Show this answer choice only for practice managers)*
> <u>CODE AS SPECIALIST:</u>
> 10 Allergy and immunology
> 37 Anesthesiology
> 11 Cardiology and cardiac surgery
> 12 Chiropractor
> 13 Colon and rectal surgery
> 14 Dentist
> 15 Dental surgeon
> 16 Dermatology
> 17 Endocrinology
> 40 ER/trauma/critical care
> 18 Gastroenterology
> 19 General surgery
> 20 Hematology/oncology
> 41 Geriatrics
> 21 Infectious disease
> 22 Nephrology
> 23 Neurology
> 24 Ophthalmology
> 25 Optometrist
> 26 Orthopedic surgery
> 27 Otolaryngology (ENT)
> 25 Plastic and reconstructive surgery
> 29 Podiatry
> 30 Psychiatry
> 31 Pulmonary disease/pulmonary and critical care
> 38 Radiology
> 39 Rehabilitation
> 32 Rheumatology
> 33 Surgery
> 34 Urology
> 35 Multispecialty (specialty care) *(Show this answer choice only for practice managers)*
> 98 Other (specify)
> 99 Prefer not to answer *(TERMINATE)*

SBO1. *(Practice managers only)* **Are you the most senior person who would be responsible for administration and support of submitting data to the Centers for Medicare and Medicaid Services (CMS) within your medical practice?** *(Accept 1 response)*

> 1 Yes

2 No *(TERMINATE)*

SP2a. *(Physicians and mid-levels only)* **How many Medicare (the Federal program for seniors and people with disabilities) patients did you care for in 2016?** *(Accept 1 response)*
        1 None *(TERMINATE)*
        2 1 to 49 *(TERMINATE)*
        3 50 to 99 *(TERMINATE)*
        4 100 to 149
        5 150 or 199
        6 200 or more
        9 Don't know *(TERMINATE)*

SP2b. *(Practice managers only)* **Thinking about the providers in your practice, did any single provider care for more than 100 Medicare (the Federal program for seniors and people with disabilities) patients in 2016?** *(Accept 1 response)*
        1 Yes
        2 No *(TERMINATE)*
        9 Don't know *(TERMINATE)*

SP2c. Thinking again about your own patients, did you *(if practice manager:* **Thinking about the providers in your practice who cared for more than 100 Medicare patients in 2016, did any of these providers also***)* **bill Medicare (the Federal program for seniors and people with disabilities) at least $30,000 in 2016?** *(Accept 1 response)*
        1 Yes
        2 No *(TERMINATE)*
        9 Don't know *(TERMINATE)*

SP2d. How long have you *(if practice manager:* **How long has this provider or providers***)* **been caring for Medicare patients?** *(Accept 1 response)*
        1 Less than 1 year *(TERMINATE)*
        2 1-5 years
        3 6-10 years
        4 11 or more years
        9 Don't know *(TERMINATE)*

Respondent qualifies if they care for at least 100 Medicare patients per year and bill Medicare at least $30k per year

SBO2. How many physicians work in your practice? *(Accept 1 response)*
        1 0 physicians *(Only show this answer choice for mid-levels and practice managers)*
        2 1 physician
        3 2-5 physicians
        4 6-9 physicians
        5 10 or more physicians

INTRODUCTION

This survey is about various programs offered by the Centers for Medicare and Medicaid Services (CMS).

AWARENESS/FAMILIARITY

DMG4Aa. How familiar are you with each of the following terms/programs? (*Matrix headers:* Very familiar, Somewhat familiar, Not very familiar, Only heard the name, Never heard of this)
> *[Randomize]*
> a. Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
> b. Quality Payment Program (QPP)
> c. Merit-based Incentive Payment System (MIPS)
> d. Alternative Payment Models (APMs)
> e. Advanced Alternative Payment Models (APMs)
> f. Accountable Care Organizations (ACO)

DMG4Ab. In your own words, please describe the difference between MIPS and Advanced APMs. If you are not sure, please check the appropriate box below. *(Open-end; include "Not sure" checkbox)*

PARTICIPATION AND INTENT

Text: An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. Advanced APMs are a subset of APMs, and let practices earn more for taking on some risk related to their patients' outcomes. You may earn a 5% incentive payment by going further in improving patient care and taking on risk through an Advanced APM.

PG8a. *[Display on same page as text above]* **Thinking about the above description, is all of this information new to you, is some of it new to you, or is none of it new information?** *(Accept 1 response)*
> 1 All of this is new information
> 2 Some of this is new information
> 3 None of this is new information
> 9 Not sure

BP1a. Are you *(practice managers:* **Are any of the providers in your practice***)* **currently participating in an APM or Advanced APM?** *(Accept 1 response for physicians and mid-levels; accept multiple responses for practice managers)*
> 1 Currently in an APM
> 2 Currently in an Advanced APM
> 3 Not currently in either
> 9 Not sure

BP1b. *(Ask if BP1a is Advanced APM)* **Which of the following are you** *(practice managers:* **Which of the following are the providers in your practice***)* **currently participating in?** *(Accept 1 response for physicians and mid-levels; accept multiple responses for practice managers)*
> *[Randomize]*
> 1 Comprehensive Primary Care Plus (CPC+)

2 Medicare Shared Savings Program (MSSP) – Track 2
3 Medicare Shared Savings Program (MSSP) – Track 3
4 Next Generation ACO Model
8 Other (specify)
9 Not sure

(Skip if BP1a is Advanced APM for physicians and mid-levels) **Text: The Merit-based Incentive Payment System (MIPS) is a program promoting ongoing improvement and innovation to clinical activities, allowing clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.**

PG8b. *[Display on same page as text above] (Skip if BP1a is Advanced APM for physicians and mid-levels)* **Thinking about the above description, is all of this information new to you, is some of it new to you, or is none of it new information?** (*Accept 1 response*)
1 All of this is new information
2 Some of this is new information
3 None of this is new information
9 Not sure

BP1c. *(Skip if BP1a is Advanced APM for physicians and mid-levels)* **Are you** *(practice managers:* **Are any of the providers in your practice***)* **currently participating in MIPS?**
1 Yes
2 No
9 Not sure

PG8c. *(Skip if BP1a is Advanced APM or BP1c is yes)* **Providers whose Medicare billing charges are at least $30,000 annually and who care for at least 100 Medicare patients annually are required to participate submit quality data beginning in 2017 through either MIPS or an Advanced APM. Which of the following best describes you?** (*Accept 1 response*)
1 I was aware of this requirement before today and *(practice managers:* providers in my practice*)* plan to participate
2 I was aware of this requirement before today and *(practice managers:* providers in my practice*)* do not plan to participate
3 I was unaware of this requirement

BP1d. *(Ask if PG8c is aware and plan to participate)* **Do you** *(practice managers:* **Do the providers in your practice***)* **plan to participate in MIPS or an Advanced APM?** (*Accept 1 response for physicians and mid-levels; accept multiple responses for practice managers*)
1 MIPS
2 Advanced APM
9 Not sure

BP1e. *(Ask if Q8 is aware and plan to participate)* **When do you** *(practice managers:* **When do the providers in your practice***)* **plan to begin collecting data for submission?**
1 2017
2 2018
3 2019 or later
9 Not sure

INFORMATION NEEDS AND SOURCES

PG8d. Please rate the helpfulness of each of the following Quality Payment Program (QPP) resources below. (*Matrix header:* Very helpful, Somewhat helpful, Not very helpful, Have not used this source, Have not heard of this resource)
>   *[Randomize]*
>   a. CMS QPP website (QPP.CMS.gov)
>   b. CMS QPP email subscription communications
>   c. CMS Help Lines/ Help Desks (800 phone numbers)

ISG5. Are there any other ways you would like to receive QPP-related information? If not, simply leave the field below blank and click "next." (*Open end*)

KG1a. How well do you understand each of the following aspects of the Quality Payment Program (QPP), which includes MIPS and Advanced APMs? (*Matrix headers:* Strong understanding, Basic understanding, Know very little, No knowledge of this)
>   *[Randomize]*
>   a. Eligibility requirements for MIPS
>   b. Eligibility requirements for Advanced APMs
>   c. Timelines and deadlines
>   d. Payment adjustment amounts and associated requirements
>   e. Penalties for not submitting 2017 data
>   f. How to submit 2017 data

KG8. Please indicate below if you were aware of each of the following prior to today. (*Matrix headers:* Already aware, Unaware, Not sure)
>   *[Randomize]*
>   a. 2017 data collection can start anytime between January 1 and October 2, 2017
>   b. 2017 data must be submitted by March 31, 2018 regardless of when you chose to start collecting performance data
>   c. Adjustment will occur in 2019 for 2017 data
>   d. PQRS ends in December 2016

KG1b. Do you feel that you have all the information you need at this time regarding CMS' Quality Payment Program (QPP), which includes MIPS and Advanced APMs?
>   1 Yes, I have all the information I need
>   2 No, I do not have all the information I need
>   9 Not sure

KG1c. (*Ask if KG1b is need more info*) **What information, specifically, do you need?** (*Open-end*)

ATG1. How much do you agree or disagree with the statement below? (Matrix headers: Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree, Not sure)
>   a. CMS' Quality Payment Program (QPP) drives better health outcomes for my patients.

RESPONDENT PROFILE

Text: We have just a few last questions to help us classify the results of this survey.

DP2a. Do you work in private practice, or for another type of institution—such as a hospital, university, government, physician practice management company, insurance company, or managed care organization? *(Accept 1 response)*

     1 Private practice
     2 A managed care organization
     3 Both, a private practice and another type of organization (including managed care organization)
     4 Another type of institution (specify)

DP2b. *(Physicians only; ask if DP2a is private practice)* **Are you the sole owner or one of several owners of the practice in which you work?** *(Accept 1 response)*

     1 Yes, sole owner
     2 Yes, one of several owners
     3 No, not an owner
     9 Prefer not to answer

DG12a. What is the main zip code where your practice is located? Leave the space below blank if you prefer not to answer.
(Insert text box; 5 digits)

DG12b. Which of the following best describes the location of your practice? *(Accept 1 response)*

     1 Large city
     2 Suburb outside large city
     3 Small city or town
     4 Rural or farm area
     9 Prefer not to answer

SG12. *(Physicians and mid-levels only)* **What percent of your private practice working time is in direct patient care—that is, not teaching, research, or administration?** *(Accept 1 response)*

     1 Less than 25%
     2 25% to 49%
     3 50% to 74%
     4 75% or more

BP1f. Does your practice currently use an Electronic Health Record (EHR) system that is certified by the Office of the National Coordinator (ONC)?

     1 Yes
     2 No
     9 Not sure

DG1. Please indicate your gender, below. *(Accept 1 response)*

1 Male
2 Female
9 Prefer not to answer

DG12c. Please enter your age in the space provided below, or leave it blank if you prefer not to answer.
(Insert text box; 2 digits)

DG12d. *(Physicians and mid-levels only)* **For how many years have you been practicing medicine?**
(Accept 1 response)
      1 Less than 10 years
      2 10-19 years
      3 20-29 years
      4 30 years or more
      9 Prefer not to answer

DG12e. *(Practice managers only)* **How long have you been working at your current practice?** *(Accept 1 response)*
      1 Less than one year
      2 1 year to less than 3 years
      3 3 years to less than 5 years
      4 5 years to less than 10 years
      5 10 years to less than 20 years
      6 20 or more years
      9 Prefer not to answer

CENSUS REGION: CODE BASED ON ZIP CODE
      1 Northeast
      2 South
      3 Midwest
      4 West

MEDICARE REGION: CODE BASED ON STATES BELOW
      1 Region A (Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont)
      2 Region B (Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, and Wisconsin)
      3 Region C (Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, U.S. Virgin Islands, Virginia, and West Virginia)
      4 Region D (Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana Islands, Oregon, South Dakota, Utah, Washington, and Wyoming)

Text: Thank you for your participation!