

OMB No.: 0935-xxxx
Expires: xx/xx/xxxx

SURVEY OF PHYSICIANS PROVIDING CARE FOR CHILDREN COVERED BY MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

United States Department of Health and Human Services
Agency for Healthcare Research and Quality

[First], [Last], [Suffix]
[MPRID]
[BARCODE]

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ELIGIBILITY SCREENER

1. Do you provide primary care for children? *This includes preventive care and care for acute and chronic conditions.*

Yes → **Go to Question 2.**

No →

- **Thank you. You are not eligible to participate in the survey. Please return it in the envelope provided.**

2. Within the past 12 months, have you provided direct patient care to children covered by Medicaid, including Medicaid managed care, or [STATE]'s Children's Health Insurance Program, [NAME OF STATE PROGRAM]

Yes → **Go to Question 3 to begin the survey.**

No →

- **Thank you. You are not eligible to participate in the survey. Please return it in the envelope provided.**

SECTION I: PRACTICE LOCATION

3. In how many practice sites do you provide primary care to children covered by Medicaid or CHIP?

___ (enter #)

4. Please enter the zip code of your primary practice site.

If you practice at more than one location, please enter the zip code of the location where you spend the most hours in direct patient care for children.

___ (zip code)

FOR THE REST OF THE SURVEY, CONSIDER YOUR PRIMARY PRACTICE SITE TO BE THE ONE WHERE YOU SPEND THE MOST HOURS IN DIRECT PATIENT CARE FOR CHILDREN.

SECTION II: QUALITY MEASURES AND REPORTS

5. Does your practice routinely generate reports about the quality of care provided to children in your practice from data sources within your practice?

¹ Yes ⁰ No ⁹ Don't know

6. Do you or your practice receive reports on quality measures for children in your practice from any of the following sources? *Check all that apply.*

- ¹ Commercial insurance companies or health plans
- ² State Medicaid or CHIP agencies
- ³ Managed care plans covering children in Medicaid or CHIP
- ⁴ Accreditation agencies, (e.g., The Joint Commission, NCQA)
- ⁵ Provider organization or health systems
- ⁶ Other (specify): _____

⁹ My practice does not receive reports on quality measures for children

7. This table contains a list of types of information that are sometimes contained with quality reports.

If you have received this information within a quality report, indicate in **Column A** if it was useful or not useful.

If you have not received the information within a quality report, indicate in **Column B** if the information would be useful or would not be useful.

Information within quality reports	COLUMN A		COLUMN B	
	RECEIVED INFORMATION		DID NOT RECEIVE INFORMATION	
	Was useful	Was not useful	Would be useful	Would not be useful
a. Performance on quality measures for your own patients.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Performance on quality measures for your own patients compared to other physicians in your practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Performance on quality measures for all patients in your practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Performance on quality measures for patients in your practice with specific chronic conditions (for example, asthma or ADHD).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Performance on quality measures for patients in your practice for other important characteristics, such as race/ethnicity or insurance type.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Comparisons between your practice's current performance and its past performance.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. Comparisons between your practice's current performance and similar practices' performance in your geographic area.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. Comparisons between your practice's current performance and state or national benchmarks	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
i. Recommendations for areas to target for improvement.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
j. Other (specify):.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

8. Please indicate the 3 pieces of information you would find most useful for improving the quality of care for children in your practice, whether you have received this information previously or not. **Mark only three.**

Information within quality reports	Most Useful (mark 3 only)
a. Performance on quality measures for your own patients.....	<input type="checkbox"/> 1
b. Performance on quality measures for your own patients compared to other physicians in your practice.....	<input type="checkbox"/> 2
c. Performance on quality measures for all patients in your practice.....	<input type="checkbox"/> 3
d. Performance on quality measures for patients in your practice with specific chronic conditions (for example, asthma or ADHD).....	<input type="checkbox"/> 4
e. Performance on quality measures for patients in your practice for other important characteristics, such as race/ethnicity or insurance type.....	<input type="checkbox"/> 5
f. Comparisons between your practice's current performance and its past performance.....	<input type="checkbox"/> 6
g. Comparisons between your practice's current performance and similar practices' performance in your geographic area.....	<input type="checkbox"/> 7
h. Comparisons between your practice's current performance and state or national benchmarks.....	<input type="checkbox"/> 8
i. Recommendations for areas to target for improvement.....	<input type="checkbox"/> 9
j. Other (specify): _____.....	<input type="checkbox"/> 10

9. For each of the quality measures listed below, please indicate if your practice has received the information for 2 years or longer or for less than 2 years.

If your practice has never received the information, check the 'never' box for that row.

Practice has received information on:	HAVE RECEIVED FOR....		
	2 years or longer	Less than 2 years	Never
a. Percent of all patients who are up-to-date on immunizations at age 2 y...	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Percent of all patients who are up-to-date on immunizations at age 13 y.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Percent of all patients ages 3-17 y who had a visit in the last year and had body mass index screening.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Percent of all patients ages 0-3 y who had a visit in the last year and had developmental screening using a standardized tool	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Percent of patients who attended 6 or more well-child visits by age 15 mo.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Percent of patients age 3-6 y with at least one well-child visit in the last year.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Percent of patients age 12-21 y with at least one well-child visit in the last year.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Percent of pharyngitis visits with an antibiotic prescribed that have documented group A streptococcus testing.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Percent of children with asthma with one or more emergency department visits in the last year	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. Percent of children with ADHD who have at least two follow up visits in the nine months after starting an ADHD medication	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

SECTION III: IMPROVING QUALITY OF CARE

10. In the past 2 years, has your practice made, or attempted to make, changes to improve the quality of care provided to children?

- ¹ Yes
- ⁰ No **Go to Question 13.**
- ⁻⁹ Don't know **Go to Question 13.**

11. In the past 2 years, which of the following changes has your practice made or attempted to make? *Check all that apply.*

- ¹ Improved access to care (i.e., extended hours, weekend appointments, more providers, etc.)
- ² Implemented specific clinical guidelines
- ³ Used new or existing health information technology to improve the quality of care for children
- ⁴ Improved coordination with specialists and other care providers
- ⁵ Implemented a practice-based registry for children with specific conditions (e.g., asthma, ADHD) or special health care needs in general
- ⁶ Started using reports on patient utilization or quality measures to guide changes in the practice
- ⁷ Other (specify): _____

12. Please indicate whether any changes your practice made were in response to any quality improvement, accreditation, recognition, or incentive programs from outside your practice. The outside program does not need to be the only reason the change was made. *Check all that apply.*

- ¹ Health plan or other insurance group
- ² State agency (Please specify): _____
- ³ Physician organization (Please specify): _____
- ⁴ Other organization (Please specify): _____

13. How effective do you think each of the following would be in improving the quality of care your practice provides to children?

	Not at all Effective	Slightly Effective	Moderately Effective	Very Effective
a. Better treatment guidelines or protocols for common conditions or procedures.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Training providers and office staff in quality improvement methods.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Developing and implementing primary care quality improvement activities within your practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Improved teamwork or communication among staff within your practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Timely information about your practice's performance on quality measures for children.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Improved communication with physicians or other medical care professionals outside of your practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

	Not at all Effective	Slightly Effective	Moderately Effective	Very Effective
g. Improved communication with non-medical professionals, such as those in schools or early intervention programs.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. Better information on highly regarded specialists and centers to refer patients for specialized care	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
i. Results of surveys of parents' experience with care in your practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
j. Engaging parents in quality improvement through individual parent advisors, advisory groups, or focus groups.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
k. Financial incentives for practice performance on quality measures.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

14. The following is a list of programs that could be used to facilitate quality improvement in a practice. For each, indicate the extent to which you believe it would help your practice improve the quality of care provided to children.

Quality Improvement (QI) Resource	Not at all helpful	Slightly helpful	Moderately helpful	Extremely helpful
a. Assistance from a practice "facilitator" (someone with expertise in practice change and quality improvement in primary care).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Talking to physicians in other practices to share ideas.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. QI programs sponsored by local or state physician organizations.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. QI programs sponsored by a health system	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. QI programs sponsored by a national physician . organization, such as the American Academy of Pediatrics or American Academy of Family Physicians.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. QI programs sponsored by state agencies.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. QI programs sponsored by health insurance plans.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. Other (specify): _____.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
i. Other (specify): _____.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

SECTION IV: QUALITY OF CARE AND FINANCIAL INCENTIVES

15. Assume for a moment that all practices receive similar reports about the quality of care they provide to children in their practice. Do you think that insurance plans and state Medicaid agencies should...

	Yes	No
a. Pay practices <u>more</u> if they score <u>above</u> a defined level on quality measures?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰
b. Pay practices <u>less</u> if they score <u>below</u> a defined level on quality measures?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰
c. Pay practices <u>more</u> if they show <u>significant improvement</u> on quality measures?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰
d. Pay practices <u>less</u> if they show <u>significant declines</u> on quality measures?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰

16. Does your practice currently participate in any pay-for-performance arrangements with insurance plans or other payers (e.g., employers, Medicaid)?

- ¹ Yes
- ⁰ No **Go to Question 18.**
- ⁻⁹ Don't know **Go to Question 18.**

17. Does any insurance plan or other payer with which your practice is affiliated offer financial incentives for any of the following?

Financial Incentives for:	Yes	No	Don't Know
a. Achieving specific levels of patient satisfaction.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻⁹
b. Achieving certain clinical care targets, such as immunization rates.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻⁹
c. Effective management of children with chronic diseases or complex needs (for example, asthma or ADHD).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻⁹
d. Participating in quality improvement activities.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻⁹
e. Use of health information technology, such as an electronic health record.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁻⁹
f. Other (specify): _____			

SECTION V: QUALITY OF CARE AND HEALTH INFORMATION TECHNOLOGY

An electronic health record (EHR) allows health care providers to record patient information electronically instead of using paper records and typically allows the performance of many patient management tasks.

18. In your primary practice site, do you use an EHR system when you provide care to children?

- ¹ Yes
- ⁰ No **Go to Question 22.**

19. How long has your practice been using an EHR system?

- ¹ Less than 1 year
- ² 1 to 2 years
- ³ 3 to 5 years
- ⁴ More than 5 years

20. Please indicate the extent to which you agree with the following statements regarding the current impact of your EHR system on the quality of care your practice provides to children.

Compared to paper records, the EHR system:	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Helps measure aspects of the quality of care for children in the practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Helps improve the quality of care provided to children in the practice.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Reduces the chances of children experiencing a medical error....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Increases evidence-based decision making through reminders or prompts.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

e. Takes time away from patient care.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Decreases the efficiency of patient care.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. Does not have all the functions needed for practices that care for children.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

21. Does your practice use an EHR to perform any of the following tasks? *Check all that apply.*

- ¹ Generate lists of patients by specific conditions to use for quality improvement
- ² Generate reports of clinical quality measures applicable to groups of patients in your practice (for example, the percentage of patients who are up-to-date on immunizations at age 2 years)
- ³ Submit electronic data to immunization registries
- ⁴ Submit electronic data to public health agencies for reportable lab results and syndromic surveillance (for example, elevated blood lead level or influenza-like illness)
- ⁵ None of the above

SECTION VI: PRACTICE ACCREDITATION

22. Has your practice ever received accreditation as a medical home from any organization?

- ¹ Yes
 - NCQA → At what level? ¹ 1 ² 2 ³ 3 ⁻⁹ Don't know
 - Other organization (specify): _____
 - ⁰ No
 - ⁻⁹ Don't know
- Go to Question 25.**

23. Has your practice ever sought accreditation as a medical home?

- ¹ Yes, my practice is currently seeking accreditation **Go to Question 25**
- ² Yes, my practice has sought accreditation in the past
- ⁰ No
- ⁻⁹ Don't know

24. Do you anticipate your practice seeking accreditation as a medical home in the next 12 months?

- ¹ Yes
- ⁰ No
- ⁻⁹ Don't know

SECTION VII: ABOUT YOU AND YOUR PRACTICE

25. Which of the following is your primary specialty?

- ¹ Pediatrics
- ² Family Medicine
- ³ Other (specify): _____

26. During a typical week.....

- a. how many total hours do you work?..... (# of hours)
- b. how many hours do you spend in direct patient care for all patients?..... (# of hours)
- c. how many hours do you spend in direct patient care for children?..... (# of hours)

27. The following question is about full-time (FT) and part-time (PT) physicians, nurse practitioners (NPs), and physician assistants (PAs) at your primary practice site, the one where you spend the most hours in direct patient care for children. Not including yourself.....

- d. how many physicians work at this practice location?..... (# FT & PT)
- e. how many NPs work at this practice location? (# FT & PT)
- f. how many PAs work at this practice location? (# FT & PT)

28. Is this a single- or multi-specialty group practice? ¹ Single-specialty practice ² Multi-specialty practice

29. Are you a full- or part-owner, employee, or independent contractor?

- ¹ Owner ² Employee ³ Contractor

a. Who owns the practice?

- ¹ Physician or physician group
- ² Health Maintenance Organization (HMO)
- ³ Community Health Center
- ⁴ Medical/Academic health center
- ⁵ Other hospital/health system
- ⁶ Other (Please specify):

30. Roughly, what percent of your patients have the following primary health insurance coverage?

*If no patients have a given health insurance coverage, enter '0' for that source.
The total should sum to 100%. Your best estimate is fine.*

Patients' Health Insurance Coverage	Percent
Public insurance	
Medicaid.....	___ %
[state's Children's Health Insurance Program]	___ %
Medicare.....	___ %
Other public insurance.....	___ %
Private insurance	___ %
Uninsured/self-pay	___ %
Other	___ %
TOTAL	100%

31. In what year were you born? 19 ___