Attachment E: Revisions Made to the MAPCP Provider Survey in Response to Comments

Original Wording

Public Burden Statement: According to the Paperwork Reduction Act of 1995, a federal agency may not conduct, and a person is not required to respond to, an information collection request unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is [XXXX-XXXX]. The time required to complete this information collection is estimated to average <u>15 minutes</u> per respondent, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of this burden estimate or any suggestions for reducing this burden, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

OMB No.:[xxxx-xxxx]
Expires: [3 yrs from OMB approval date]

Revised Wording

(Deletions ~~struck out~~, insertions *underlined and italicized*)

> *Begin New Survey*

> *Resume Previous Survey*

Public Burden Statement: According to the Paperwork Reduction Act of 1995, a federal agency may not conduct, and a person is not required to respond to, an information collection request unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is [XXXX-XXXX]. The time required to complete this information collection is estimated to average ~~15~~ *18* minutes per respondent, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of this burden estimate or any suggestions for reducing this burden, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

OMB No.: [xxxx-xxxx]
Expires: [3 yrs from OMB approval date]

In the course of building and then beta-testing a web-based version of this survey, which we have now done, we realized we needed to add a button to the first page of the survey that respondents could click to initiate a survey and another to allow them to continue working on a survey they previously started filling out. Therefore, we have added a "Begin New Survey" button and a "Resume Previous Survey" button to this page.

We have also revised the Public Burden Statement to increase the estimated time needed to complete our survey (formerly "15 minutes"). MAPCP physician pilot testers in fact needed 17 minutes on average to complete our survey, and since we are now adding a few short questions (shown on later pages), we are adding an additional 1 minute to this estimate to take them into account, for a revised estimate of "18 minutes."

(Text that is the focus of comments is <u>underlined</u>.)

Your Participation in this Survey

This survey is being fielded among all health care providers participating in the Centers for Medicare and Medicaid Services' Multi-payer Advanced Primary Care Practice Demonstration, which includes providers participating in [state]'s [state-specific name of MAPCP demonstration].

This survey is designed to measure the extent to which the practice you work for engages in activities associated with the patient-centered medical home model of care.

There is no "passing grade" for this voluntary survey, nor will your responses have any consequences for payment. We are genuinely interested in your candid observations of the way your practice operates today.

<u>Your responses will be analyzed by researchers contracted to evaluate this demonstration (RTI International, The Urban Institute, and the National Academy for State Health Policy</u>**). Results will not be shared with anyone besides these researchers, and will not be used for any purposes other than the evaluation of the demonstration.** <u>They will report the results of this survey to CMS in a non-identifiable, aggregated form.</u>

<u>We estimate that this survey will take **15 minutes** to complete.</u>

If you are willing to participate in this research, please complete this survey by **April 22, 2014.**

If you have difficulty or questions when completing this survey, please contact Stephen Zuckerman at szuckerman@urban.org or 202-261-5679.

The Questions in this Survey

This survey asks about how your practice currently manages your patients' health needs. The questions are organized into two sections:

Section A: Practice Functions asks you to identify your practice's care processes and approach to managing change and improving quality.

Section B: Practice Infrastructure asks about practice finances and organizational characteristics, participation in other initiatives, current practice staff and roles<u>, and contact information.</u>

Please complete all questions in the survey to the best of your knowledge. If your practice has multiple physical locations, please respond based on the physical location where you practice most frequently. For practices with more than one physical location participating in [state]'s [state-specific name of MAPCP Demonstration], we will contact each location to complete the survey.

All medical doctors, doctors of osteopathy, nurse practitioners, and/or physician's assistants in your practice have been asked to complete this survey. Input can be requested from other staff in the practice as needed but please complete as much of the survey as you can from your perspective.

<div style="background-color:#c6d3e8; padding:4px; font-weight:bold;">

Revised Wording – New Third Page of Survey

</div>

Your Participation in this Survey

This survey is being fielded among all health care providers participating in the Centers for Medicare and Medicaid Services' Multi-payer Advanced Primary Care Practice *(MAPCP)* Demonstration, which includes providers participating in [state]'s [state-specific name of MAPCP demonstration].

This survey is designed to measure the extent to which the practice you work for engages in activities associated with the patient-centered medical home model of care.

There is no "passing grade" for this voluntary survey, nor will your responses have any consequences for payment. We are genuinely interested in your candid observations of the way your practice operates today.

Your responses will be *linked to claims data using an encrypted identifier, and* analyzed by researchers (at RTI International, The Urban Institute, and the National Academy for State Health Policy) contracted to evaluate this demonstration. ~~Results~~ *These data* **will not be shared with anyone besides these researchers, and will not be used for any purposes other than the evaluation of the demonstration.** *Researchers* ~~They~~ will report the results of this survey *and their analyses in reports* to CMS *that will be made available to other federal agencies, state governments, and the general public* in a non-identifiable, aggregated form *that will assure your full confidentiality*.

We estimate that this survey will take ~~15~~ *18* **minutes** to complete.

If you are willing to participate in this research, please complete this survey by **April 22, 2014.**

If you have difficulty or questions when completing this survey, please contact Stephen Zuckerman at szuckerman@urban.org or 202-261-5679.

PREVIOUS		NEXT		HELP

The Questions in this Survey

This survey asks about how your practice currently manages your patients' health needs. The questions are organized into two sections:

Section A: Practice Functions asks you to identify your practice's care processes and approach to managing change and improving quality.

Section B: Practice Infrastructure asks about practice finances and organizational characteristics, participation in other initiatives, _and_ current practice staff and roles~~, and contact information~~.

Please complete all questions in the survey to the best of your knowledge. If your practice has multiple physical locations, please respond based on the ~~physical location where you practice most frequently~~ _practice site that is participating in [state]'s [state-specific name of MAPCP Demonstration initiative]_. For practices with more than one physical location participating in [state]'s [state-specific name of MAPCP Demonstration], we will contact each location to complete the survey.

All medical doctors, doctors of osteopathy, nurse practitioners, and/or physician's assistants in your practice have been asked to complete this survey. Input can be requested from other staff in the practice as needed but please complete as much of the survey as you can from your perspective.

PREVIOUS	NEXT		HELP

Reason for Revision

In the course of building the online version of this survey, we decided to split the text that appears above into two separate webpages, to increase the likelihood that users will read through all of this text and not get overwhelmed by the large quantity of text to read.

We also have opted to make some minor revisions to text that appears under the "Your Participation in this Survey" heading:
- _We have revised some of the text in the underlined paragraph above to be more specific about how the survey data being collected from respondents will be used, to ensure respondents are accurately informed about our study before consenting to proceed. Specifically, we are now noting that survey responses will be "linked to claims data using an encrypted identifier," and we note that we will not only provide CMS with the results of this survey, but also the results of "analyses." We now clarify that because the results we will provide to CMS will be aggregated, they "will assure your full confidentiality."_
- _We have also updated the text to reflect our new "18 minutes" estimate of the length required to complete this survey, explained earlier._

The edits we have opted to make to the text that appears under the "The Questions in this Survey" heading are as follows:

- *We are deleting language telling survey respondents that we will be asking for their "contact information" since we have determined that it is unnecessary to ask for this information after all.*
- *We have revised some instructions for clinicians that practice out of multiple physical locations, and instead of asking them to respond based on the location where they practice most frequently, we will be asking them to respond based on the practice site that is participating in the MAPCP Demonstration.*

Section A's "General Instructions"

Original Wording

General Instructions. For each row, **please circle the point value** that best describes the level of advanced primary care/medical home that currently exists in your practice. Within each box there is a range of responses indicating the extent of implementation. Assign higher point values to indicate that the actions described in that box are more fully implemented.

Revised Wording

General Instructions. ~~For each row,~~ **~~please circle~~** _Please select_ **the point value** that best describes the level of advanced primary care / medical home that currently exists in your practice. Within each box there is a range of responses indicating the extent of implementation. Assign higher point values to indicate that the actions described in that box are more fully implemented.

Reason for Revision

In the course of building and then beta-testing a web-based version of this survey, we realized that some of the instructions needed to be edited slightly to reflect the fact that this survey will be completed online, as opposed to in hard copy paper format. In the above instructions paragraph, this necessitated changing "For each row, please circle" to "Please select."

We have also opted to repeat this instructions paragraph at the top of each online page of Section A of the survey, so that respondents can easily reference the instructions at any time during that section. (We have also opted to display each question on its own online page, to minimize the amount of survey data that will be lost if a user closes their web browser, either inadvertently or on purpose, in the middle of taking this survey.)

Survey Question #A1.

Original Wording

Patient-clinician continuity	For ambulatory/outpatient care, patients are not assigned to a specific clinician and care team.	For ambulatory/outpatient care, patients are assigned to a specific clinician and care team, and patients are encouraged to seek care from this designated clinician and practice team. Limited practice involvement with patient's care during hospital and post-acute care facility stays.	For outpatient/ambulatory care, patients are assigned to a specific clinician and care team, and are encouraged to seek care from this designated clinician and practice team. Practice is actively involved with patient's care during hospital and post-acute facility stays.
	1 2 3	4 5 6	7 8 9

Revised Wording

Patient-clinician continuity	For ambulatory/outpatient care, patients are not assigned to a specific clinician and care team.	For ambulatory/outpatient care, patients are assigned to a specific clinician and care team, and ~~patients~~ are encouraged to seek care from this designated clinician and practice team. *There is l*imited practice involvement with patient*s*~~'s~~ care during hospital and post-acute care facility stays.	For *ambulatory/*outpatient~~/ambulatory~~ care, patients are assigned to a specific clinician and care team, and are encouraged to seek care from this designated clinician and practice team. *The p*ractice *monitors* ~~is actively involved with~~ patient*s*~~'s~~ care during hospital and post-acute facility stays, *and is involved as needed*.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from two MAPCP Physician Pilot Testers. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: Have to read carefully to determine the difference between the second and third category. With 2 or more readings, the intent is clear.

Survey Developer's Response: *We will use exactly the same wording in the first parts of the second and third answer options to make it clear that the first part of both of these answer options is the same. We will also break the second and third answer options into two paragraphs each, to make it more obvious that these two answer options have the same first sentence and different second sentences.*

Feedback from another MAPCP Physician Pilot Tester: In the third answer option, instead of "Practice is actively involved with patient's care during hospital and post-acute facility stays," maybe… "Practice gets regular and timely updates or data feeds from hospitals or post-acute facilities." Most suburban family docs don't follow patients in the hospital, etc. – we have hospitalists, etc. Also, move this question to later in the survey, right before the "Registries" question, to align better with the PCMH standards.

Survey Developer's Response: *We recognize that it's rare for primary care providers to be actively involved in their patients' care during hospital stays – we don't expect many survey respondents to be able to answer "9" on this question. We want to be able to give credit to the few providers who are actually doing this. However, we also recognize that involvement in a patient's care in hospital and post-acute facilities is not always required, so we will be revising the third answer option slightly. Also, we will move the question to the suggested spot in our survey.*

Original Wording

Appointment systems	…are limited to pre-scheduled appointments.	…have pre-scheduled appointments and the ability to schedule urgent visits.	… have pre-scheduled appointments, the capacity for walk-ins or same-day visits, the ability to schedule urgent visits; and patients can see multiple members of the care team during a single visit.
	1　　　　　2　　　　　3	4　　　　　5　　　　　6	7　　　　　8　　　　　9

Revised Wording

Appointment systems	…are limited to pre-scheduled appointments.	…have pre-scheduled appointments and the ability to schedule urgent visits.	… have pre-scheduled appointments, ~~the capacity for walk-ins or same-day visits,~~ the ability to schedule urgent visits; *and the capacity for walk-ins or same-day visits*~~, and patients can see multiple members of the care team during a single visit.~~
	1　　　　　2　　　　　3	4　　　　　5　　　　　6	7　　　　　8　　　　　9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: In the second answer option box, add "(double-book patients)." In the third answer option box, amend "the capacity for walk-ins or same-day visits" by adding after it: "(that are built into the schedule template)" and move after "the ability to schedule urgent visits." Delete ", and patients can see multiple members of the care team during a single visit" since I think that last bit leaves out a lot of solo or two-person practices and they would not know what to do with the question.

Survey Developer's Response: We would prefer not to use the terms "double book" or "schedule template" since they are more technical and operational terms than we have been using in the rest of this survey; in addition, there are alternatives to double-booking that provide access for urgent visits, so we are hesitant to present these as the only ways to offer patients access to urgent

visits. However, we do agree to move the text "the capacity for walk-ins or same-day visits" to the location suggested. We also agree to remove the requirement that patients be able to see multiple members of their care team during a single visit, as that has not been a MAPCP demonstration-wide expectation.

Survey Question #A3.

Original Wording

Alternate types of contact (email, web-portal, text-message) with the practice team	…are not regularly available.	… are available but not encouraged, or selectively available, and <u>there is no guarantee of timely response</u>.	… are a core component of patient-practice team communication, and <u>timely responses are guaranteed</u>.
	1 2 3	4 5 6	7 8 9

Revised Wording

Alternate types of contact (email, web-portal, text-message) with the practice team	…are not regularly available.	… are available but not encouraged, or selectively available, and ~~there is no guarantee of timely response~~ *responses are not provided within a timely and consistent timeframe*.	… are a core component of patient-practice team communication, and ~~timely responses are guaranteed~~ *responses are provided within a timely and consistent timeframe*.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: I wouldn't say "guaranteed." I would say "held to the practice's (internal) standard" or something to that affect. Also, move this question later in the survey, after the "After-hours access" question.

Survey Developer's Response: We will revise this answer to avoid using the term "guaranteed" – we will instead identify whether responses are "provided within a timely and consistent timeframe" or not. We will also move this question to the location suggested.

Original Wording

Respond to urgent problems	Clinician/practice team responds to urgent problems <u>as time permits</u>.	Clinician/practice team has a system in place to triage patient problems, but with limited availability for same-day appointments.	Clinician/practice team has a system in place to triage patient problems, with same-day appointments usually available.
	1 2 3	4 5 6	7 8 9

Revised Wording

Respond to urgent problems	Clinician/practice team responds to urgent problems as time permits*, and otherwise directs patients to the emergency department or urgent care centers*.	Clinician/practice team has a system in place to triage patient problems *through phone or email communications or face-to-face visits*, but with limited availability for same-day appointments.	Clinician/practice team has a system in place to triage patient problems *though phone or email communications or face-to-face visits*, with same-day appointments usually available.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from two MAPCP Physician Pilot Testers. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: Maybe more clarification in the first category. What does "time permits" mean?

Feedback from another MAPCP Physician Pilot Tester: Not sure how to say this, but you HAVE to respond to urgent/emergent problems – it's not as time permits. I might phrase this as "Clinician/practice team responds to urgent problems, but it severely disrupts patient flow" – or "…can back up patient flow significantly". ??

Survey Developer's Response: Many practices do not respond to urgent/emergent problems and simply direct patients to the ER, so we would like to retain the intent of our original wording for the first answer option, but with some edits. We would also like to take this opportunity to reword the second and third answer options to make the difference between these two choices clearer, by inserting new text (underlined below) and italicizing the parts of these two answer options that differ ("but with limited availability for same-day appointments" in the second answer option vs. "with same-day appointments usually available" in the third answer option).

Original Wording

After-hours access (24 hours, 7 days a week) to practice team for urgent care	…is not available after-hours during evenings and/or weekends. Practice does not actively coordinate emergency department care nor does it follow up after urgent problems.	…is available by phone for urgent care, but not for actively coordinating emergency department care or following up after urgent problems. Practice does not offer after-hours care in person during evenings and/or weekends.	…is available by phone for urgent care, and there is active participation from the practice team in coordinating emergency department care and following-up after urgent problems. Practice offers after-hours care in person some evenings and/or weekends.
	1 2 3	4 5 6	7 8 9

Revised Wording

After-hours access (24 hours, 7 days a week) to practice team for urgent care	…is not available after-hours during evenings and/or weekends. Practice does not actively coordinate emergency department care nor does it follow up after urgent problems *follow-up with patients after visits to the emergency department*.	…is available by phone for urgent care. *Practice does* but not for actively coordinat*ing* emergency department care *n*or following up after urgent problems. practice does *it follow-up with patients after visits to the emergency department* not offer after-hours care in person during evenings and/or weekends.	…is available by phone for urgent care, *and in-person during some evenings and/or weekends*. and there is *The practice* active*ly* participat*es*ion from the practice team in coordinating emergency department care*,* and following-up after urgent problems *follows-up with patients after visits to the emergency department*. Practice offers after-hours care in person some evenings and/or weekends.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: More clarification on "following up after urgent problems." What kind of follow up do you mean?

Survey Developer's Response: *Follow-up involves many activities that we don't have space to list. However, we will revise the wording of our answer options to clarify the difference between the three choices.*

Survey Question #A7.

Original Wording

Visit focus	…is organized around the specific reason for a patient's visit.	…is organized around the specific reason for a patient's visit, but sometimes with attention to ongoing chronic care and prevention needs if time permits.	…is organized around the specific reason for a patient's visit, <u>but with consistent to ongoing chronic care and prevention needs</u>.
	1 2 3	4 5 6	7 8 9

Revised Wording

Visit focus	…is organized around the specific reason for a patient's visit.	…is organized around the specific reason for a patient's visit, but sometimes with attention to ongoing chronic care and prevention needs if time permits.	…is organized around the specific reason for a patient's visit, but with consistent _attention_ to ongoing chronic care and prevention needs _(e.g., through the use of EHR care alerts)_.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: In third answer option, change "but with consistent to ongoing chronic care and prevention needs" to "but with consistent _attention_ to ongoing chronic care and prevention needs _through the use of EMR care alerts, etc._"

Survey Developer's Response: We will make edits along these lines.

Survey Question #A9.

Original Wording

Care plans for patients with chronic conditions	…are not routinely developed or recorded.	… are developed collaboratively with patients, and include self-management and clinical goals, but they are not routinely recorded or used to guide subsequent care.	…are developed collaboratively with patients and families, include self-management and clinical goals, are routinely recorded in the medical record, and guide ongoing care.
	1 2 3	4 5 6	7 8 9

Revised Wording

Care plans* for patients with chronic conditions	…are not routinely developed or recorded *in patient medical records*.	… are developed collaboratively with patients *and families* and include self-management and clinical goals, but they are not routinely recorded *in patient medical records n*or used to guide subsequent care.	…are developed collaboratively with patients *and families, recorded in patient medical records,* include self-management and clinical goals, ~~are routinely recorded in the medical record, and~~ *are used to* guide ongoing care*, and are given to the patient and family to support their care*.
	1 2 3	4 5 6	7 8 9

* A "care plan" summarizes a patient's treatment goals and treatment plan, and identifies the responsibilities of each of the various health care providers involved in the patient's care. A care plan is developed in collaboration with patients/families, and is based on a patient health risk assessment.

Reason for Revision

This question is being revised primarily in response to comments from two MAPCP Physician Pilot Testers. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: Define "care plan."

Survey Developer's Response: We will add new text (which paraphrases how NCQA defines a "care plan" in their PCMH standards) to the question: "A care plan summarizes a patient's treatment goals and treatment plan, and identifies the responsibilities of each of the various health care providers involved in the patient's care. A care plan is typically developed in collaboration with patients/families, and is based on a patient health risk assessment."

Feedback from another MAPCP Physician Pilot Tester: At the end of the third answer option, add "as well as being given to the patient and family to support their care."

Survey Developer's Response: We will make an edit along these lines, and will also make some clarifying edits to the answer options.

Survey Question #A10.

Original Wording

Clinical care management for complex patients	…is not done	…is generally not done by practice providers, but practice may refer patients to care coordination elsewhere.	…is accomplished by identifying patients for whom care management might be beneficial; actively coordinates care management with other providers and caregivers; and provides educational resources and ongoing support to assist with self-management.
	1 2 3	4 5 6	7 8 9

Revised Wording

Clinical care management for complex patients	…is not done.	… ~~is generally not done by practice providers, but practice may refer patients to care coordination elsewhere~~ _involves assisting patients with educational resources and self-management, but does not involve the use of any care management services by the practice._	…is accomplished by identifying patients for whom care management might be beneficial_. The practice_ actively coordinates care management with other providers and caregivers; and provides educational resources and ongoing support to assist with self-management.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: Replace the first answer option with "…is generally not done by practice providers, and practice will typically refer patients for care elsewhere." Replace the second answer option with "… assists patients with educational resources and assists with self-management, but does not involve the use of any care management services."

Survey Developer's Response: We would like to leave the first answer option as is, but will edit the second and third answer option in response to the pilot tester's suggestions.

Survey Question #A11.

Original Wording

Assessing patient and family values and preferences	…is not done systematically.	…is done for only some patients with significant health problems or who articulate values and preferences themselves. The practice team incorporates patients' preferences and values into planning and organizing care.	…is systematically done for all patients with significant health problems or who articulate values and preferences themselves. The practice team incorporates patient preferences and values into planning and organizing care.
	1 2 3	4 5 6	7 8 9

Revised Wording

Assessing patient and family values and preferences *(e.g., preferences for last-stage-of-life care, role in clinical decision-making)*	…is not done systematically.	…is done for only *some* patients with significant health problems or who articulate values and preferences themselves. The practice team incorporates *these* patients' preferences and values into planning and organizing care.	…is systematically done for *all* patients with significant health problems or who articulate values and preferences themselves. The practice team incorporates patient preferences and values into planning and organizing care.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: In the second answer option, replace "practice team incorporates patients' preferences…" with "practice team _sometimes_ incorporates patients' preferences…"

Survey Developer's Response: We will italicize "some" and "all" in the second and third answer options, respectively, to make the difference between these two answer options clearer. We will also take this opportunity to add some examples to the question's wording to maximize reader comprehension.

Survey Question #A12.

Original Wording

Involving patients and caregivers in health care decision-making	…is not a priority.			…is recognized as important but practice does not use any systematic approach (e.g., decision aids) to support patients.			… is systematically done. Patients are supported to deliberate the likely outcomes of treatment options through the use of clinical decision aids.		
	1	2	3	4	5	6	7	8	9

Revised Wording

Involving patients and caregivers in health care decision-making	…is not a priority.			…is recognized as important but practice does not use any systematic approach (e.g., decision aids) to support patients.			… is *a priority and* systematically done. Patients are supported to *consider* ~~deliberate~~ the likely outcomes of treatment options through the use of clinical decision aids, *motivational interviewing, and/or teach-back techniques*.		
	1	2	3	4	5	6	7	8	9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: At the end of the third answer option, add "or motivational interviewing or teach-back techniques."

Survey Developer's Response: We will make an insertion along these lines. We will also take this opportunity to revise the third answer option to add that involving patients and caregivers in health care decision-making is not only systematically done but "is a priority," and will change the verb "deliberate" to "consider."

Survey Question #A14.

Original Wording

Tracking and follow-up for important referrals	…is not generally done.	…is sometimes done.	…is consistently done.
	1　　　　2　　　　3	4　　　　5　　　　6	7　　　　8　　　　9

Revised Wording

Tracking and follow-up _with patients_ for important referrals	…is not generally done.	…is sometimes done.	…is consistently done.
	1　　　　2　　　　3	4　　　　5　　　　6	7　　　　8　　　　9

Reason for Revision

We would like to take this opportunity to make a clarifying edit.

Survey Question #A16.

Original Wording

Patient referral information to specialists, other providers	…is transmitted by the patient.	…is usually transmitted by the practice, but referrals do not always contain reason for referral, relevant clinical information or other core patient information.	…is consistently transmitted by the practice. Referrals contain reason for referral, clinical information relevant to the referral (e.g., test results, medical history), and core patient information (e.g., medications, allergies).
	1 2 3	4 5 6	7 8 9

Revised Wording

Patient referral information to specialists, _hospitals, and_ other _medical care_ providers	…is transmitted by the patient.	…is usually transmitted by the practice, but referrals do not always contain reason for referral, relevant clinical information or other core patient information.	…is consistently transmitted by the practice. Referrals contain reason for referral, clinical information relevant to the referral (e.g., test results, medical history), and core patient information (e.g., medications, allergies).
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from CMS. Their specific feedback and our description of the revisions we are making appear below.

Feedback from CMS: A16 and A17 are very similar.

Survey Developer's Response: The intent was that A16 referred to classic medical care by specialists and hospitals whereas A17 referred to health care and patient well-being more broadly though behavioral health support, social services, housing, etc. To make this clearer, we will revise A16's question wording to read: "Patient referral to specialists, hospitals and other medical care providers." A17 will also be revised – see next page.

Original Wording

Patients in need of specialty care, hospital care, behavioral health, or supportive community-based resources	…are referred to partners with whom the practice has a relationship	…are referred to partners with whom the practice has a relationship and relevant information is communicated in advance.	…are referred to partners with whom the practice has a relationship, relevant information is communicated in advance, and timely follow-up after the visit occurs.
	1 2 3	4 5 6	7 8 9

Revised Wording

Patients in need of ~~specialty care, hospital care,~~ behavioral health *support*~~,~~ or ~~supportive~~ community-based resources *(e.g., social services)*	…are *only provided names of some organizations for patients to contact on their own* ~~referred to partners with whom the practice has a relationship~~	…are referred to partners with whom the practice has ~~a~~ *established* relationship*s and relevant patient information is communicated to these organizations.*~~and relevant information is communicated in advance~~.	…are referred to partners with whom the practice has ~~a~~ *established* relationship*s*, ~~relevant information is~~ *relevant patient information is* communicat*ed to them*~~ed in advance~~, and timely follow-up *with patients* ~~after the visit~~occurs *where necessary*.
	1 2 3		7 8 9
		4 5 6	

Reason for Revision

This question is being revised primarily in response to comments from CMS. Their specific feedback and our description of the revisions we are making appear below.

Feedback from CMS: A16 and A17 are very similar.

Survey Developer's Response: The intent was that A16 referred to classic medical care by specialists and hospitals whereas A17 referred to health care and patient well-being more broadly though behavioral health support, social services, housing, etc. To make this clearer, we will revise A16's question wording, as noted on the previous page, and revise A17's question wording to read: "Patients in need of behavioral health support or community-based resources (e.g., social services)." Revisions to answer options will also be made, to better differentiate these three options.

Original Wording

Follow-up with patients seen in the Emergency Department (ED) or hospital	…occurs only if ED, hospital, patient, or caregiver alerts the practice.	…generally occurs on an ad hoc basis. Practice has arrangements in place with the hospitals and facilities patients most commonly use.	…is done routinely within a few days after receiving notification from the ED or hospital. Practice has arrangements in place with the hospitals and facilities patients most commonly use. Practice tracks patients and ensures that appropriate follow-up is conducted either by visit, phone or other forms of communication.
	1 2 3	4 5 6	7 8 9

Revised Wording

Follow-up with patients seen in the Emergency Department (ED) or hospital	…occurs only if ED, hospital, patient, or caregiver alerts the practice.	…generally occurs on an ad hoc basis. Practice has *agreements* with the hospitals and facilities patients most commonly use *to alert them when their patients are seen there*.	…is done routinely ~~within a few days~~ after receiving notification from the ED or hospital. Practice has ~~arrangements~~ *agreements* in place with the hospitals and facilities patients most commonly use. Practice tracks patients and ~~ensures that appropriate~~ follow~~s~~-up *with them* ~~is conducted~~ either by visit, phone or other forms of communication *within a short and specified timeframe*.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: In the third answer option, delete "within a few days" and add to the end of the first sentence: "and monitored regularly against the practice's (internal) standard."

Survey Developer's Response: We will make an insertion along these lines.

Original Wording

Quality improvement activities (e.g., Plan-Do-Study-Act cycles, or tracking performance on quality measures)	…are not organized or supported consistently.	…are conducted in reaction to specific problems and do not use proven quality improvement approaches.	…are based on proven quality improvement approaches and are used systematically in meeting organizational goals.
	1 2 3	4 5 6	7 8 9

Revised Wording

Quality improvement activities (e.g., Plan-Do-Study-Act cycles, or tracking performance on quality measures)	…are not organized or supported consistently.	…are conducted in reaction to specific problems and do not use *systematic* proven quality improvement approaches.	…are based on proven *systematic* quality improvement approaches *(e.g., Plan-Do-Study-Act cycles, or tracking performance on quality measures)* and are used systematically in meeting organizational goals.
	1 2 3	4 5 6	7 8 9

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: Clarify meaning of "proven quality improvement approaches."

Survey Developer's Response: We will replace "proven" with "systematic" and move our parenthetical example "(e.g., Plan-Do-Study-Act cycles, or tracking performance on quality measures)" into the third answer option

Survey Question #A20.

Original Wording

Feedback to the practice from patients and their families	…is not collected.	…is collected and incorporated into practice improvements but not in a systematic way.	…is regularly collected through a formal approach (e.g., patient survey, focus group), and through specific patients' concerns, and is incorporated into practice improvements.
	1 2 3	4 5 6	7 8 9

Revised Wording

Feedback to the practice from patients and their families	…is not collected.	…is *noted* ~~collected~~ and incorporated into practice *activities* ~~improvements~~, but not in a systematic way.	…is regularly collected through a formal approach (e.g., patient survey, focus group)~~,~~ and through specific patients' concerns, and is incorporated into practice improvements.
	1 2 3	4 5 6	7 8 9

Reason for Revision

We are taking this opportunity to revise the second answer option slightly.

Survey Question #B1.

B1.   **Please indicate which category (or categories) describes your practice organization.**

CHECK ALL THAT APPLY

☐   Solo practice

☐   Single-specialty primary care practice

☐   Multiple specialty group practice

☐   Group or staff model HMO

☐   Community health center established to serve low-income or rural patients

☐   Hospital or hospital system

☐   <u>Faculty practice plan/Medical School/Teaching Hospital</u>

☐   Other (specify):_____

Revised Wording

B1.   **Please indicate which category (or categories) describes your practice organization.**

CHECK ALL THAT APPLY

☐   Solo practice

☐   Single-specialty primary care practice

☐   Multiple specialty group practice

☐   Group or staff model HMO

☐   Community health center established to serve low-income or rural patients

☐   Hospital or hospital system

☐   Faculty practice ~~plan~~ / *residency* / *m*~~M~~edical *s*~~S~~chool / t~~T~~eaching *clinic* ~~Hospital~~

☐   Other *(specify)* _____

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Reason for Revision

We are taking this opportunity to revise the next-to-last answer option slightly.

Please indicate the types of organizations with which your practice is affiliated.

CHECK ALL THAT APPLY

☐ Independent Practice Association (IPA)

☐ Physician-Hospital Organization (PHO)

☐ Other
Specify:_____

Please indicate the types of organizations ~~with which~~ _that_ your practice is _part of or_ affiliated _with_.

CHECK ALL THAT APPLY

☐ _Hospital_

☐ _Integrated health care system_

☐ _Multi-specialty group practice_

☐ Independent Practice Association (IPA)

☐ Physician-Hospital Organization (PHO)

☐ Accountable Care Organization (ACO)

☐ Other
Specify:_____

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester and CMS. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: Add as an answer option: "Accountable Care Organization."

Survey Developer's Response: *We agree to add an answer option for "Accountable Care Organization."*

Feedback from CMS: In the response options, add boxes for: Health system/integrated organization, multi-specialty group practice.

Survey Developer's Response: *Our original question asked only about organizations that a practice was "affiliated" with, which necessarily limited the answer options, but we can revise this question to also ask about organizations that own practices as well.*

Survey Question #B4.

Original Wording

Is your practice accepting all, most, some, or no new patients who are insured through the traditional Medicare fee-for-service (FFS) program (not Medicare Advantage)?

CHECK ONE ONLY

☐ No new Medicare FFS patients

☐ Some new Medicare FFS patients

☐ Most new Medicare FFS patients

☐ All new Medicare FFS patients

Revised Wording

Is your practice accepting all, most, some, or no new patients who are insured through the traditional Medicare fee-for-service (FFS) program (not Medicare Advantage)?

CHECK ONE ONLY

☐ *All new Medicare FFS patients*

☐ *Most new Medicare FFS patients*

☐ *Some new Medicare FFS patients*

☐ *No new Medicare FFS patients*

Reason for Revision

We would like to take this opportunity to change the order that these answer options appear in, to match the order that they are presented in the question text.

What percentage of your practice's total revenue for clinical services comes from the following sources? Please provide your best estimate.

Fee-for-service payments	|__|__|__| %
Capitation (e.g., a fixed monthly payment for physician services for a patient.)………………………………....................	|__|__|__| %
Episode-based payments (e.g., a fixed payment for all physician services related to a specific condition, such as diabetes)..	|__|__|__| %
Care management fees for patients with complex conditions ... …………………………………………………………	|__|__|__| %
Incentive bonuses for reductions in patients' costs and/or utilization)………………………………………………………	|__|__|__| %
Incentive bonuses for quality performance .... ……………………………………………………………	|__|__|__| %
Other payments *(Please describe)*_____	|__|__|__| %

What percentage of your practice's total revenue for clinical services comes from the following sources? Please provide your best estimate. *TOTAL SHOULD EQUAL 100%*

Fee-for-service payments .... ………………………………………………………	|__|__|__| %
Capitation (e.g., a fixed monthly payment for physician services for a patient.)……………………………….................	|__|__|__| %
Episode-based payments (e.g., a fixed payment for all physician services related to a specific condition, such as diabetes)... ……………………………………………………………………	|__|__|__| %
Care management fees for patients with complex conditions ... ……………………………………………………………	|__|__|__| %
Incentive bonuses for *keeping* ~~reductions in~~ patients' costs and/or utilization *below a target*……………………………………………………………..	|__|__|__| %
Incentive bonuses for quality performance .... ………………………………………………………	|__|__|__| %
Other payments *(Please describe)*_____	|__|__|__| %

Reason for Revision

This question is being revised primarily in response to comments from an MAPCP Physician Pilot Tester. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: In reference to the answer option that reads: "Incentive bonuses for reductions in patients' costs and/or utilization," some docs may not know this information – particularly those employed by large organizations (hospitals, etc.) and some may be getting incentive payments from third parties, but not be aware of it if they are part of a large organization.

Survey Developer's Response: We recognize that survey respondents will only be providing us with estimates and may not provide us with perfectly accurate information. We are also taking this opportunity to revise one of the answer options to increase its technical accuracy.

Survey Question #B6.

Original Wording

Within your practice, which of the following disciplines are available to you and your patients? If a staff member at your practice fits into more than one job category, divide his or her full-time equivalent (FTE) time across the appropriate categories (for example, an RN that spends 20 hours a week serving as a clinical nurse and 20 hours a week serving as a care manager would be reflected as an 0.5 FTE registered nurse and an 0.5 FTE care manager). In the third column, please check *Yes* if any staff have joined your practice during the past 12 months for each job category.

Revised Wording

Within your practice, which of the following disciplines are available to you and your patients? *If your practice has multiple physical locations, please respond based on the practice site that is participating in [state]'s [state-specific name of MAPCP Demonstration initiative].* If a staff member at your practice fits into more than one job category, divide his or her full-time equivalent (FTE) time across the appropriate categories (for example, an RN that spends 20 hours a week serving as a clinical nurse and 20 hours a week serving as a care manager would be reflected as an 0.5 FTE registered nurse and an 0.5 FTE care manager). In the third column, please check *Yes* if any staff have joined your practice during the past 12 months for each job category.

…

	ANY IN PRACTICE?	NUMBER OF FTE STAFF	JOINED PRACTICE WITHIN PAST 12 MONTHS?
Administrative (reception, medical records, appointment, _health IT,_ finance, _management,_ etc.)	☐	|_____|	☐

Reason for Revision

We would like to take this opportunity to clarify what we meant by "within your practice," by inserting the sentence (reproduced from the introductory instructions to this survey): "If your practice has multiple physical locations, please respond based on the physical location where you practice most frequently." We would also like to amend one of the answer options for this question to add a few additional examples of types of administrative staff that a practice could employ, by adding "health IT," and "management."

Survey Question #B7.

Original Wording

What is the total number of different patients you, as a clinician, have in your patient panel, regardless of type of insurance coverage? Your best estimate is fine.

|___| , |___|___|___| TOTAL NUMBER OF PATIENTS SEEN IN PAST YEAR

Revised Wording

What is the total number of different patients you, as a clinician, have in your patient panel, regardless of type of insurance coverage? Your best estimate is fine.

|___| , |___|___|___| TOTAL NUMBER OF PATIENTS IN YOUR PATIENT PANEL

Reason for Revision

This question is being revised primarily in response to comments from two MAPCP Physician Pilot Testers. Their specific feedback and our description of the revisions we are making appear below.

Feedback from a MAPCP Physician Pilot Tester: Question regarding # patients in panel then subtext says # of patients seen in the past year--2 different questions. Not all patients are likely seen in the calendar year.

Feedback from another MAPCP Physician Pilot Tester: This question is confusing. Do you want the panel # or patient visits in past year?

Survey Developer's Response: We will revise the answer option text to match the question text.

Survey Question #B16.

In a typical week, how many hours are you scheduled to work at the practice?

SELECT ONE ONLY

□   20 hours or less

□   21 to 40 hours

□   41 to 50 hours

□   More than 50 hours

In a typical week, how many hours are you scheduled to work at the practice?

□   *Less than* 20 hours ~~or less~~

□   *20* ~~21~~ to *29* ~~40~~ hours

□   *30* ~~41~~ to *39* ~~50~~ hours

□   *40 to 49 hours*

□   ~~More than~~ 50 hours *or more*

We would like to take this opportunity to add some additional answer options to this question.

Original Wording

B17.   What is your name?   _____

B18:   What is your practice name?_____

B19.   Work Phone Number: |__|__|__| - |__|__|__| - |__|__|__|__| EXT: |__|__|__|__|

TODAY'S DATE: Date: |__|__| / |__|__| / |__|__|__|__|
                            Month   Day   Year

…

If you have additional information about your experience with [state]'s [state-specific name of MAPCP Demonstration] that you think may be of interest to evaluators, please enter it here or email it to Stephen Zuckerman at szuckerman@urban.org.

Revised Wording

B17.   What is your name?   _____

B18:   What is your practice name?_____

B19.   Work Phone Number: |__|__|__| - |__|__|__| - |__|__|__|__| EXT: |__|__|__|__|

TODAY'S DATE: Date: |__|__| / |__|__| / |__|__|__|__|
                            Month   Day   Year

…

~~If you have additional information about your experience with [state]'s [state-specific name of MAPCP Demonstration] that you think may be of interest to evaluators, please enter it here or email it to Stephen Zuckerman at szuckerman@urban.org.~~

Reason for Revision

We have dropped questions B17, B18, and B19, since we have decided that we do not need to ask for respondent's contact information and dropping these questions from our survey will reduce risk to respondents. We have also deleted text that asked respondents to fill in today's date, since our online survey will be able to record this information automatically. Finally, we have also deleted text that asked respondents to write-in any additional information they want to share with us since, realistically, we do not expect to have the manpower to review, analyze and synthesize hundreds of written comments from survey respondents, and asking this question increases respondent burden.

Attachment F: New Questions Added to the MAPCP Provider Survey in Response to Comments

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New Question Added

How long has your practice had an electronic health record (EHR) system?

☐ *No EHR*

☐ *Less than 1 year*

☐ *Between 1 and 3 years*

☐ *More than 3 years*

Reason for Addition

We are taking this opportunity to add a question about the presence of electronic health records (EHRs).

New Second Page of Survey

Your Respondent ID is:

[#######]

Please write this number down in case you need to return to your survey.

NEXT   HELP

Reason for Addition

In the course of building and beta-testing our online survey, we also realized we needed to have the ability to automatically generate a Respondent ID# for each unique survey respondent – which is essentially a password that we automatically generate for users (to save them the time of having to create a password). The purpose of the Respondent ID# is to allow respondents to close the survey before completing it and then later resume filling it out.

New Question Added

Tracking and follow-up with patients about test results	…is not generally done.	…is done for some tests.	…is consistently done for all tests.
	1　　　　　2　　　　　3	4　　　　　5　　　　　6	7　　　　　8　　　　　9

Reason for Addition

We are taking this opportunity to add a question that asks about the tracking of test results.

New Question Added

Preventive services (e.g., cancer screenings)	…are delivered at visits specifically scheduled for this purpose.	…are delivered at visits specifically scheduled for this purpose. Practice staff also identify needed preventive services at other visits.	……are delivered at visits specifically scheduled for this purpose. Practice staff also identify needed preventive services at other visits. In addition, registries or other clinical decision support tools are used to identify patients who have not received recommended preventive services, and reminders are given to patients to schedule these.
	1 2 3	4 5 6	7 8 9

Reason for Addition

We are taking this opportunity to add a question about the delivery of preventive services.

New Question Added

Electronic health records	…are not used.			…are used for basic functions such as documenting services rendered, using computerized provider order entry, printing information for patients, and e-prescribing.			…are used for basic functions plus more advanced functions such as clinical decision support (e.g., medication guides/ alerts, preventive services alerts, clinical guidelines) and generating quality measure data for quality improvement purposes.		
	1	2	3	4	5	6	7	8	9

Reason for Addition

We are taking this opportunity to add a question that asks about use of electronic health records (EHRs).