

Attachment D1: MAPCP Provider Survey

The Multi-payer Advanced Primary Care Practice Demonstration Provider Survey

Sponsored by:

U.S. Department of Health and Human Services,
Centers for Medicare & Medicaid Services

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 12 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]

You can close this web survey and return to it at any time using your Respondent ID#, which acts as your password for this survey.

Your Respondent ID is: [#####]

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

Clicking "Next" on each page of this survey automatically saves your responses.

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HELP

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. Researchers 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.

We estimate that this survey will take **12 minutes** to complete.

If you are willing to participate in this research, please complete this survey by **[insert date that is 4.5 months after OMB approves this survey]**.

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

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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: Provider Characteristics asks about your patient panel size, how long you've been with your practice, and basic demographic 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 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.

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HELP

General Instructions. 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. Assign lower point values if some, but not all, of the actions described in that box have been implemented.

<p>After-hours access (24 hours, 7 days a week) to practice team for urgent care</p>	<p>...is not available after-hours during evenings and/or weekends.</p> <p>Practice does not actively coordinate emergency department care nor does it follow-up with patients after visits to the emergency department.</p> <p>1 2 3</p>	<p>...is available by phone for urgent care.</p> <p>4 5 6</p>	<p>...is available by phone for urgent care, and in-person during some evenings and/or weekends.</p> <p>The practice actively participates in coordinating emergency department care, and follows-up with patients after visits to the emergency department.</p> <p>7 8 9</p>
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PREVIOUS

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HELP

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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 responses are not provided within a timely and consistent timeframe.	... are a core component of patient-practice team communication, and responses are provided within a timely and consistent timeframe.
	1 3	2 4 5 6	7 8 9

PREVIOUS

NEXT

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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 are encouraged to seek care from this designated clinician and practice team.	For ambulatory/outpatient care, patients are assigned to a specific clinician and care team, and are encouraged to seek care from this designated clinician and practice team.
	There is limited practice involvement with patients' care during hospital and post-acute care facility stays.	The practice monitors patients' care during hospital and post-acute facility stays, and is involved as needed.	
	1 2 3	4 5	6 7 8 9

PREVIOUS

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HELP

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Visit focus	<p>...is organized around the specific reason for a patient's visit.</p> <p>1 2</p> <p>3</p>	<p>...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.</p> <p>4 5</p> <p>6</p>	<p>...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).</p> <p>7 8</p> <p>9</p>
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PREVIOUS

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HELP

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Medication review for patients on multiple medications	...is not routinely done.	...is done only during care transitions or when patients receive new medications.	...is done on a regular basis for patients during care transitions, when patients receive new medications and during all regularly-scheduled visits.
	1 2 3	4 5 6	7 8 9

PREVIOUS

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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 nor used to guide subsequent care.	...are developed collaboratively with patients and families, recorded in patient medical records, include self-management and clinical goals, 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.

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Clinical care management for complex patients	...is not done.	... 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

PREVIOUS

NEXT

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<p>Preventive services (e.g., cancer screenings)</p>	<p>...are delivered at visits specifically scheduled for this purpose.</p> <p>1 2 3</p>	<p>...are delivered at visits specifically scheduled for this purpose.</p> <p>Practice staff also identify needed preventive services at other visits.</p> <p>4 5 6</p>	<p>...are delivered at visits specifically scheduled for this purpose.</p> <p>Practice staff also identify needed preventive services at other visits.</p> <p>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.</p> <p>7 8 9</p>
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PREVIOUS

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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 <i>some</i> 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 <i>all</i> 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 3	2 4 6	5 7 9

PREVIOUS

NEXT

HELP

General Instructions. 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. Assign lower point values if some, but not all, of the actions described in that box have been implemented.

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

NEXT

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Patient self-management support for chronic conditions	...is accomplished by distributing information (e.g., pamphlets, booklets) or referring patients to self-management classes or educators.	...is provided through goal-setting and action planning with members of the practice team, with ad hoc ongoing support from other providers as needed.	...is provided through goal-setting and action planning with members of the practice team trained in patient education, empowerment and problem-solving methodologies. Ongoing support is available through individualized care or group interventions.
	1 2 3	4 5 6	7 8 9

PREVIOUS

NEXT

HELP

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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

PREVIOUS

NEXT

HELP

General Instructions. 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. Assign lower point values if some, but not all, of the actions described in that box have been implemented.

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

PREVIOUS

NEXT

HELP

General Instructions. 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. Assign lower point values if some, but not all, of the actions described in that box have been implemented.

Relationships with commonly referred-to practices (i.e. cardiology, OB/GYN)	...are not formalized with practice agreements and referral protocols.			...are established through verbal understanding with some practices.			...are formalized with practice agreements and referral protocols.		
	1	2	3	4	5	6	7	8	9

PREVIOUS

NEXT

HELP

General Instructions. 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. Assign lower point values if some, but not all, of the actions described in that box have been implemented.

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 3	2 4	5 6 7 8 9

PREVIOUS

NEXT

HELP

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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

PREVIOUS

NEXT

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Feedback to the practice from patients and their families	...is not collected.	...is noted and incorporated into practice activities, 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

PREVIOUS

NEXT

HELP

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

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

How many patient visits do you have in an average week, regardless of type of insurance coverage? Your best estimate is fine.

|_|_|_| NUMBER OF PATIENTS PER WEEK

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

Which response best reflects how you are compensated for work performed at your primary practice location?

Salary only

Productivity incentives only

Salary with productivity incentives

Salary with quality incentives

Salary with both quality and productivity incentives

Capitation

Other

(specify) _____

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

If you reported using any productivity incentives in the previous question, which productivity measures does your practice use in calculating incentives? CHECK ALL THAT APPLY

Cash collections

Relative Value Units (RVUs)

Number of visits

Other

Specify: _____

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

What is your gender?

- Male
- Female

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

Are you of Hispanic or Latino origin?

- Yes
- No

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

What is your race?

- White
- Black / African American
- Asian
- Native Hawaiian / Other Pacific Islander
- American Indian / Alaska Native

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

How long have you been with the practice?

- Less than 1 year
- Between 1 and 5 years
- Between 5 and 10 years
- More than 10 years

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

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

- Less than 20 hours
- 20 to 29 hours
- 30 to 39 hours
- 40 to 49 hours
- 50 hours or more

PREVIOUS

NEXT

DON'T KNOW / PREFER NOT TO SAY

HELP

Thank you for completing this survey.