

NOTICE - Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, 1600 Clifton Road, MS D-17, Atlanta, GA 30333, ATTN: PRA (0920-0234).

Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

NAMCS Supplement on Primary Care Policies for Managing Patients With High Blood Pressure, High Cholesterol, or Diabetes

The Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention (DHDS) and Division of Diabetes Translation (DDT)

Survey Eligibility

A. Please provide the following counts:

- 1. The number of physicians currently employed in your practice (across all practice locations):
- 2. Among these, the number who specialize in . . .
 - a. Family Medicine:
 - b. Internal Medicine:

B. What is your specialty?

- Family medicine
- Internal medicine, specializing in primary care
- Neither of the above ► **Please stop here and return the questionnaire in the envelope provided. Thank you for your time.**

C. During a typical work week, do you spend 20 percent or more of your time treating adult patients in at least one of the following ambulatory settings?

Check **ALL** that apply

- 1 Private solo or group practice
- 2 Freestanding clinic (not part of a hospital outpatient department)
- 3 Community Health Center (e.g., Federally Qualified Health Center (FQHC) or federally funded clinics (or "look like" clinics)
- 4 Non-federal government clinic (e.g., state, county, city, maternal and child health)
- 5 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
- 6 Faculty practice plan

Attachment 3b

- 7 None of the above ► **Please stop here and return the questionnaire in the envelope provided. Thank you for your time.**

D. Do you treat adult ambulatory patients with high blood pressure, high cholesterol, or diabetes?

1 Yes

2 No ► Please stop here and return the questionnaire in the envelope provided. Thank you for your time.

Survey Introduction

The goal of this study is to help CDC learn about the current state of primary care management policies in physician practices in the United States. Policies of interest are those aimed at management of adult patients with high blood pressure, high cholesterol, or diabetes. CDC and its partners want to better support primary care physicians and their medical practices in reducing these chronic conditions. They will use the survey data to assess (1) the extent to which primary care physicians deliver care in ways that have been shown to improve health outcomes and (2) the extent to which the ways they deliver care are established policies in their practices. CDC and its partners will then develop materials in support of such delivery methods. The survey will yield both national and regional estimates, providing practices with information to compare with their own management policies.

Definitions of Terms - IMPORTANT

Clinician: Refers to primary care physicians (MD or DO), physician assistants (PAs), and nurse practitioners (NPs) who diagnose, treat patients, and prescribe medications.

Staff: Refers to all others who work in the practice.

Practice Policies: For this survey, policies include use of standardized treatment protocols, clinical decision supports, clinical guidelines, multidisciplinary teams, patient population registries, electronic functions, and other patient education and care management policies.

Your Medical Practice: Includes **all locations** where your clinicians see ambulatory patients. **When answering questions about your practice in this survey, think about your entire medical practice.**

Instructions to Complete the Survey

-
-
- ◆ Answer the questions with regard to the care you provide to **adult ambulatory** patients.
 - ◆ Please mark an X or a ✓ in the box that best represents your answer (X or). Use a blue or black pen.
 - ◆ If you want to change your answer, mark on the wrong answer.
 - ◆ For many questions, you are instructed to answer for each of three medical conditions.
 - ◆ You will sometimes see an arrow and instruction to skip questions (► **GO TO Question X**).
-
-

Clinical Decision Supports and Protocols

1. Do you use the following decision supports or protocols when treating adult patients for high blood pressure, high cholesterol, or diabetes? Also, in the last column, please mark if it is an established policy in your practice for primary care clinicians to use the decision support/protocol.

| | I use this protocol/support | | Using this protocol/support is an established policy in my practice | |
|---|-----------------------------|--------------------------|---|--------------------------|
| | Yes | No | Yes | No |
| a. Cut-off points when making diagnostic decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Laboratory test(s) and results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Recommendations for lifestyle modifications (e.g., diet, exercise) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 10-year CVD risk calculator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. First-line medications to initiate treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Drug-dosing (titration) support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Second-line or additional medication if the condition is not controlled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Specified follow-up time period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Documentation of positive or negative change in condition at followup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Alerts (flags in patients' paper charts or electronic prompts) when a patient's medical condition is <u>uncontrolled</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Prompts (flags in patients' paper charts or electronic prompts) for determining when tests should be done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Prompts (flags in patients' paper charts or electronic prompts) for medication adjustment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Which, if any, of the following supports does your practice make available to primary care clinicians?

Check **ALL** that apply

- a. Cut-off points for diagnostic decisions
- b. 10-year CVD risk calculator
- c. Drug-dosing (titration) support
- d. Alerts (flags in patients' paper charts or electronic prompts) when a patient's medical condition is uncontrolled
- e. Prompts (flags in patients' paper charts or electronic prompts) for determining when tests should be done
- f. Prompts (flags in patients' paper charts or electronic prompts) for medication adjustment
- g. Other (Please specify): _____
- h. None of the supports in this list ► GO TO QUESTION 5

3. Does your practice make the clinical decision supports available to primary care clinicians in the following ways? Check Yes or No for items a – e.

| | Yes | No |
|---|--------------------------|--------------------------|
| In printed format: | | |
| a. In the rooms where clinicians see patients | <input type="checkbox"/> | <input type="checkbox"/> |
| b. At clinicians' desks or work stations, away from the point of care | <input type="checkbox"/> | <input type="checkbox"/> |
| In electronic format: | | |
| c. Fully integrated into your practice's EHR system | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the rooms where clinicians see patients | <input type="checkbox"/> | <input type="checkbox"/> |
| e. At clinicians' desks or work stations, away from the point of care | <input type="checkbox"/> | <input type="checkbox"/> |

4. Do all or most primary care clinicians in your practice routinely use the supports and protocols when making clinical decisions for the majority of their patients?

- a. Yes
- b. No
- c. Don't know

Clinical Guidelines

5. Which of the following are sources of the clinical guidelines you use to treat patients with the following medical conditions? Check ALL that apply for each medical condition.

| | High blood pressure | High cholesterol | Diabetes |
|--|--------------------------|--------------------------|--------------------------|
| a. Clinical guidelines released by national organizations (such as NHLBI JNC 7, NHLBI ATP III, American Diabetes Association, American Association of Clinical Endocrinologists, American Heart Association) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. State-released clinical guidelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Clinical guidelines issued by a health system that your practice is affiliated with (e.g., HMO, hospital, medical school, or other health-related system) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Clinical guidelines prepared by your practice that differ from the guidelines listed in a, b, and c | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other source(s) – Please check the box and specify below: HBP: _____ HC: _____ Diabetes: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Which is the primary source of the clinical guidelines you use? Check ONE source for each medical condition.

| | High blood pressure | High cholesterol | Diabetes |
|---|--------------------------|--------------------------|--------------------------|
| a. Clinical guidelines released by national organizations (e.g., NHLBI JNC 7, NHLBI ATP III, American Diabetes Association, American Association of Clinical Endocrinologists, American Heart Assoc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. State-released clinical guidelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Clinical guidelines issued by a health system that your practice is affiliated with (e.g., HMO, hospital, medical school, or other health-related system) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Clinical guidelines prepared by your practice that differ from the guidelines listed in a, b, and c | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other source(s) – Please specify: HBP: _____ HC: _____ Diabetes: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. **Is it an established policy for primary clinicians in your practice to use the same clinical guidelines?**
Answer for each medical condition.

| High blood pressure | High cholesterol | Diabetes |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

8. **Do all or most primary clinicians in your practice regularly use the same clinical guidelines when treating the majority of patients in the practice with the following medical conditions?**

| High blood pressure | High cholesterol | Diabetes |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |

Use of Multidisciplinary Teams

9. **We define multidisciplinary teams as groups of professionals (e.g., clinician, pharmacist, nurse, and regular dietician) who collaboratively manage patient care. Team members may be from different organizations, but they routinely communicate with one another; team composition may change as the patient's needs change.**

Please check the box if you use a multidisciplinary team in the following situations to collaboratively manage patient care for adults with high blood pressure, high cholesterol, or diabetes:

| | High blood pressure | High cholesterol | Diabetes |
|--|--------------------------|--------------------------|--------------------------|
| a. When a patient is not reaching targeted goals (1) with the usual treatment or (2) within the expected period of time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. When a patient is newly diagnosed. The team role ends when targeted goals are reached. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other situation in which multidisciplinary team care is used (Check the box and please specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Question 9 does not apply-Never use multidisciplinary teams for these conditions. ► GO TO QUESTION 14.

10. **Please mark the job titles of ALL members of the multidisciplinary team collaboratively managing the care of your patients with the following medical conditions.** Answer for each medical condition.

Attachment 3b

| Check the box if you do not use a multidisciplinary team for the medical condition. → | High blood pressure | High cholesterol | Diabetes |
|---|---|---|---|
| | <input type="checkbox"/> Teams do not apply | <input type="checkbox"/> Teams do not apply | <input type="checkbox"/> Teams do not apply |
| a. Primary care physician (MD or DO) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other physician (MD or DO) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physician assistant (PA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Nurse practitioner (NP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pharmacist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Registered nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Licensed practical nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Medical assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Dietitian/nutritionist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Community health worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Social worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Health educator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Exercise physiologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Podiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Ophthalmologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Information technology manager/staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Other team members, specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Now, please consider the majority of your patients with diabetes, high blood pressure, and high cholesterol whose care is managed by a multidisciplinary team. Whom would you identify as the key, or core, members of the team who interact with those patients? Answer for each medical condition.

| Check the box if you do not use a multidisciplinary team for the medical condition. → | High blood pressure | High cholesterol | Diabetes |
|---|---|---|---|
| | <input type="checkbox"/> Teams do not apply | <input type="checkbox"/> Teams do not apply | <input type="checkbox"/> Teams do not apply |
| a. Primary care physician (MD or DO) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other physician (MD or DO) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physician assistant (PA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Nurse practitioner (NP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pharmacist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Registered nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Licensed practical nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Medical assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Dietitian/nutritionist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Community health worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Social worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Health educator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Exercise physiologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Podiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Ophthalmologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Information technology manager/staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Other team members, specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Is it an established policy in your practice to use multidisciplinary teams to collaboratively manage the care of patients with the following medical conditions? Answer for each medical condition.

| High blood pressure | High cholesterol | Diabetes |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

► If you answered No for each medical condition in Q12, go to Question 14.

13. Do most or all primary clinicians in your practice routinely follow the policy to use multidisciplinary teams to manage the care of patients with the following medical conditions?

| | High blood pressure | High cholesterol | Diabetes |
|---------------|---|---|---|
| | Check the box if using a multidisciplinary team is <u>not</u> a practice policy for the medical condition. —————> <input type="checkbox"/> Teams do not apply | <input type="checkbox"/> Teams do not apply | <input type="checkbox"/> Teams do not apply |
| a. Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Don't know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Patient Registry System

14. Patient registry systems allow staff to generate a list of all patients with high blood pressure, high cholesterol, or diabetes and provide information such as whose condition is out of control or who is overdue for tests, screenings, or office visits. The system may be fully electronic or an electronic component in combination with paper records.

Does your practice have such a system for tracking patient populations with the following medical conditions? Answer for each medical condition.

| High blood pressure | High cholesterol | Diabetes |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

► If No for all three medical conditions, GO TO QUESTION 19.

15. Which of the following best describes your practice's patient population tracking system? Check **ONE** answer for each medical condition. Check the box for "Does not apply" if your practice does **not** have a population tracking system for the medical condition.

| Your patient population tracking system is a: | High blood pressure | High cholesterol | Diabetes |
|--|---|---|---|
| | <input type="checkbox"/> Does not apply | <input type="checkbox"/> Does not apply | <input type="checkbox"/> Does not apply |
| a. Fully integrated component of your practice's EHR system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stand-alone electronic system that shares some information with the practice's EHR system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Stand-alone electronic system that does <u>not</u> share any information with an EHR system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Standard database program (e.g., Microsoft Access) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Spreadsheet program (e.g., Microsoft Excel) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. Do you routinely use the system to track care management for the following patient population(s)? Answer for each medical condition.

| High blood pressure | High cholesterol | Diabetes |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

| | | |
|---|---|---|
| <input type="checkbox"/> Does not apply – no system | <input type="checkbox"/> Does not apply – no system | <input type="checkbox"/> Does not apply – no system |
|---|---|---|

17. Is it an established policy in your practice to use the system to track care management for the following patient populations? Answer for each medical condition.

| High blood pressure | High cholesterol | Diabetes |
|---|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Does not apply – no system | <input type="checkbox"/> Does not apply – no system | <input type="checkbox"/> Does not apply – no system |

Electronic Functions

18. Does the current EHR system, patient registry system, or any other electronic system used by your practice include the following functions in electronic format?

Does not apply—Our practice does not have any of these electronic functions ► **GO TO QUESTION 20.**

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Record demographics | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Record medical history (e.g., diagnoses, risk factors, allergies) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Record current and past medications | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Record medication changes (e.g., change in dose, instructions) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Use prompts to order tests and screens | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use notification prompts when the patient’s medical condition is not controlled | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Track key measures (e.g., blood pressure, lipid levels, and A1c) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Track abnormal test results | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Track referrals to specialists | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Document clinicians’ notes | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Document other clinical staff / team member notes | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Generate and transmit permissible prescriptions (electronic prescription [eRx]) | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Order laboratory tests | <input type="checkbox"/> | <input type="checkbox"/> |
| n. View lab reports and diagnostic test results | <input type="checkbox"/> | <input type="checkbox"/> |
| o. View diagnostic test images | <input type="checkbox"/> | <input type="checkbox"/> |

19. Are primary care clinicians in your practice expected to routinely use available electronic functions to manage the care of patients with the following medical conditions? Answer for each medical condition.

| High blood pressure | High cholesterol | Diabetes |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

Methods for Patient Followup

20. Various methods are used to remind patients about scheduled office visits. Do you use the following methods with your patients? Also, please check the box in the last column if using the reminder method is an established policy in your practice. Please answer for each reminder method.

| | | | |
|-----|----|-----|------------------------------------|
| Yes | No | Not | Check if this is a practice |
|-----|----|-----|------------------------------------|

| | | | sure | policy |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Appointment reminder cards issued at the time of visit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Letters or postcards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Telephone calls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Email? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Electronic text messages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Reminders on a secure web site that patients can access? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Patient Education and Self-Management

21. In addition to educating patients during office visits, in which of the following ways do you routinely educate patients? Check ALL that apply for each medical condition.

| | High blood pressure | High cholesterol | Diabetes |
|--|--------------------------|--------------------------|--------------------------|
| a. By telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. By email | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In group classes (2 or more patients) at a practice site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Via referrals to group classes at other locations in your area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. By providing printed materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. By providing DVDs/Videos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. By providing self-study programs about the medical condition for home use (paper or online) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Via referrals to other organizations' websites or online programs about the medical condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. Now think about your practice. Is it an established policy in your practice to routinely use the following additional ways to educate patients? Check ALL that apply for each medical condition.

| | High blood pressure | High cholesterol | Diabetes |
|--|--------------------------|--------------------------|--------------------------|
| a. By telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. By email | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In group classes (2 or more patients) at a practice site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Via referrals to group classes at other locations in your area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. By providing printed materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. By providing DVDs/Videos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. By providing self-study programs about the medical condition for home use (paper or online) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Via referrals to other organizations' websites or online programs about the medical condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. Consider the following methods for communicating patient self-management goals. How often do you use each method? Also, please check the box in the last column if the method is an established practice policy for communicating such goals.

| Always/ most of the time | About half the time | Some- times | Rarely or Never | Check if this is a practice policy |
|--------------------------------|---------------------------|----------------|--------------------|--|
|--------------------------------|---------------------------|----------------|--------------------|--|

Attachment 3b

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Orally | <input type="checkbox"/> |
| b. Jotted down on a piece of paper that the clinician gives to the patient during a visit | <input type="checkbox"/> |
| c. In a "summary visit" record provided to the patient | <input type="checkbox"/> |
| d. In a form specifically designed for recording patient self-management goals | <input type="checkbox"/> |
| e. In an online location that the patient has access to | <input type="checkbox"/> |

24. Consider the following methods for promoting patient skills and compliance in managing their health problems. Which of these are used routinely by members of your practice for patients needing support? Check ALL that apply for each medical condition.

| | High blood pressure | High cholesterol | Diabetes |
|--|--------------------------|--------------------------|--------------------------|
| a. Provide nurse case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Provide nurse case oversight of community health workers or patient navigators | | | |
| c. Provide special followup care by <u>staff</u> nurses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide special followup care by other clinical staff in your practice or on your multidisciplinary team (e.g., social worker, dietitian, pharmacist) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Record patients' self-monitored clinical values (e.g., blood pressure, glucose levels) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Employ proven methods to empower patients (such as counseling techniques that motivate patients to think differently about their health behaviors and consider the benefits of changing them) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Teach patients problem-solving skills to reach self-management goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About Your Practice

25. What is your practice type?

- a. Single specialty – Family practice
- b. Single specialty – Internal medicine providing primary care
- c. Multispecialty – Family practice and internal medicine only (provide primary care)
- d. Multispecialty that includes at least one family practice or internal medicine physician providing primary care plus one or more physicians in other specialties

26. Who owns your practice? Choose the best description.

- a. Physician, physicians, or physician group
- b. Hospital or hospital system ► GO TO QUESTION 29
- c. Health maintenance organization (HMO) ► GO TO QUESTION 29
- d. Insurance company ► GO TO QUESTION 29
- e. University or medical school ► GO TO QUESTION 29
- f. State or local government ► GO TO QUESTION 29
- g. Other type of organization (Please specify type): _____ ► GO TO QUESTION 29

27. Which statement best describes how your independently owned practice relates to other health care organizations? Check one.

- a. Practice is free standing, independent of other health care organizations ► GO TO QUESTION 29
- b. Practice is independently owned and managed but has a contractual relationship with a health care organization such as a hospital, university, medical school, or an HMO.

28. Does this health care organization provide guidance on practice policies for patients with diabetes, high cholesterol, or high blood pressure?

- a. Yes
- b. No

29. At how many locations does your practice see ambulatory patients?

___ ___ ___ No. of practice locations

30. Of the physicians in your practice, how many provide primary care? Include all physicians working full- or part-time at all practice locations.

- a. 1
- b. 2
- c. 3-5
- d. 6-9
- e. 10-19
- f. 20-49
- g. 50 or more

31. What is the total number of primary care NPs and PAs in your practice? Include full- and part-time NPs and PAs at all practice locations.

- a. Zero
- b. 1-2
- c. 3-5
- d. 6 or more

32. Do physicians and other clinicians in your practice meet at least once a month as a group?

- a. Yes
- b. No

33. Who establishes policies for your practice regarding care management of adult patients with high blood pressure, high cholesterol, and diabetes? Check All that apply.

- a. Practice owners/partners
- b. Other senior-level physicians in our practice
- c. All or most primary care clinicians in our practice
- d. Someone other than owners at the system level of our practice
- d. Someone in an outside healthcare delivery organization that our independent practice has a contractual relationship with
- e. Does not apply – we do not have any practice policies of this type ► GO TO QUESTION 35

34. Does your practice monitor clinician adherence to practice policies for managing the care of adult patients with high blood pressure, high cholesterol, and diabetes?

- a. Yes
- b. No

35. Does your practice routinely provide formal reports to clinicians about whether their patients with high blood pressure, high cholesterol, or diabetes are meeting clinical goals?

- a. Yes
- b. No

36. Does your practice currently participate in a patient-centered medical home (PCMH) program?

- a. Yes
- b. No ► GO TO 38

37. What is the highest level, if any, of National Center for Quality Assurance (NCQA) PCMH certification that your practice currently has?

- a. None currently
- b. Level 1
- c. Level 2
- d. Level 3
- e. Don't know current level

38. Please estimate the percentage of adult patients in your practice who have a limited ability to speak or read English.

- a. Less than 10%
- b. 10% to 24%
- c. 25% to 49%
- d. 50% or more

39. Please estimate the percentage of adult patients in your practice who are . . .

| | Less than 10% | 10% to 24% | 25% to 49% | 50% or more |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Uninsured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insured by Medicaid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insured by Medicare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About You

40. Which ONE of the following BEST describes your position in this medical practice?

- a. Physician practice owner or partner
- b. Head of practice/practice group
- c. Family practice physician
- d. Internal medicine physician specializing in primary care

41. Are you actively involved in establishing practice policies for care management of adult patients with high blood pressure, high cholesterol, or diabetes? Answer for each medical condition.

| High blood pressure | High cholesterol | Diabetes |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

- 42. Consider any policies for care management of adult patients with high blood pressure, high cholesterol, and diabetes that have been established at your practice. How knowledgeable are you about these policies?**
- a. Very knowledgeable
 - b. Knowledgeable
 - c. Somewhat knowledgeable
 - d. Not at all knowledgeable
 - e. Does not apply – we do not have established practice policies for the care management of adult patients with those medical conditions
- 43. Since you graduated from medical school, how many years have you been a primary care physician treating adult patients in practice settings?**
- a. Less than 5 years
 - b. 5 years to less than 10 years
 - c. 10 years to less than 30 years
 - d. 30 years or more
- 44. How long have you worked in this practice?**
- a. Less than 1 year
 - b. 1 year to less than 2 years
 - c. 2 years to less than 5 years
 - d. 5 years or more

Thank you for completing this survey.

Please return your survey in the enclosed envelope. To obtain a replacement return envelope, please contact the SurveySupportCenter@..... , call (xxx) xxx-xxxx, or use your own envelop and mail your survey to: xxxxxxx