

## Screeners for FDA IMPROVE Survey

### ACP & AANP Eligibility Criteria

The eligibility screening process is conducted using preexisting member databases maintained by AANP and ACP, respectively. Screening based on these databases before the email recruitment stage reduces the burden on participants. While these databases are updated with information provided by members, it is crucial to screen participants to determine whether respondents have the prescribing experience necessary to be eligible for participation.

#### AANP

1. Are you clinically practicing in an outpatient setting? Yes/No [Recruit if answer is “Yes”]
2. Approximately how many hours per week do you provide direct patient care as a nurse practitioner? 0-10, 1-20, 21-30, 31-40, 41-50, 51-60, 61 or more [Recruit all]

#### ACP

1. Are you clinically practicing in primary care? Yes/No [Recruit if answer is “Yes”]
2. How much time do you spend in an in an outpatient care setting? <25%, 25-49%, 50-74%, 75%+ [Recruit all]

### ACP & AANP Demographic Characteristics

Incorporating the following demographic questions as intake questions will ensure equipoise between ACP and AANP’s collected demographic data and allow for stronger data analysis. These questions serve to describe survey participants, but will not be used to screen participants or eliminate their eligibility to participate in the study. These questions will be optional and placed at the end of the survey to avoid dropout or survey fatigue before the intended survey is administered. The ACP and AANP survey questions may differ slightly to accommodate professional differences between NPs and PCPs; these differences have been marked below.

1. Gender——
2. Age
3. Ethnicity [Options: Hispanic, Non-Hispanic, prefer not to answer]
4. Race [Options: American Indian/Alaska Native, Asian, Native Hawaiian/PI, Black/African American, White, More than One, prefer not to answer]
5. ACP: Primary specialty NP: Main practice specialty [primary care, specialty care]
6. Years in PCP/NP practice [Options: 0-10, 11-20, 21-30, 31-40, 41+]
7. Please select the state in which you practice/of your main practice site. [Options: US states, Armed Forces, other]
8. Which of the following best describes your practice/main practice site size? [Options: I am the solo PCP/NP, 2-5 clinicians, 6-10 clinicians, 11-30 clinicians, 31-100 clinicians, 101 clinicians or more.
9. Indicate your primary patient care location/main practice site setting: [Options: privately-owned practice (by providers/practice owners), hospital/health system owned, VC/investor backed, solo provider, federally-qualified community health center, non-profit, public hospital clinic, hospital (non-ED), hospital ED, urgent care, institutional residential facility, skilled nursing facility, acute rehabilitation center, you do not see patients, other]

**10. What statement best describes the health record system at your main practice site/practice for medication prescribing and management. [Check all that apply options: paper chart, electronic health record, e-prescribing, clinical decision support for prescribing, prescription formulary checking, coverage tier for patient costs information/actual patient cost, not applicable, other (please specify)]**

**2. ~~US vs International Medical Graduate\*~~ [QUOTA: recruit a representative mix.]**

**3. ~~Member class~~**

- ~~• Member~~
- ~~• Fellow~~
- ~~• Master of the College~~

**[QUOTA: recruit Members and Fellows. Masters do not see patients.]**

**4. ~~Primary specialty.~~**

**[QUOTA: recruit Internal Medicine for broadest prescribing base.]**

**5. ~~Amount of time in clinical practice/ patient care~~**

- ~~• <25%~~
- ~~• 25-49%~~
- ~~• 50-74%~~
- ~~• 75%+~~

**6. ~~Location of patient care (inpatient vs. outpatient) [QUOTA: recruit outpatient.]~~**

**7. ~~Ethnicity [Options: Hispanic, Non-Hispanic, prefer not to answer]~~**

**8. ~~Race [Options: American Indian/Alaska Native, Asian, Native Hawaiian/PI, Black/African American, White, More than One, prefer not to answer]~~**

**9. ~~Which of the following best describes your employment/professional situation? [Options: Full-time (>35 hrs/wk), part time, fully retired, not in workforce for other reasons, no response]~~**

**10. ~~Years in practice [Options: 1-10, 11-20, 21-30, 31-40, 41+]~~**

**11. ~~Which of the following best describes your practice size? [Options: I am the solo clinician, 2-5 clinicians, 6-10 clinicians, 11-30 clinicians, 31-100 clinicians, 101 clinicians or more.]~~**

**12. ~~Indicate your primary patient care location: [Options: privately-owned medical practice (including private hospital-owned office/clinic), federally-qualified community health center, non-profit or public hospital clinic, hospital (non-ED), hospital ED, urgent care, institutional residential facility, you do not see patients, other]~~**

**13. ~~Please select the state in which you practice. [Options: US states, other]~~**

**14. ~~Describe your practice health record system. [Check all that apply options: paper charting, electronic health record, decision support for prescribing, electronic prescribing, other (please specify)]~~**

## **Sample Recruitment Email**

Subject: You've been selected to participate in the 2016 IMPROVE Survey!

Your name has been selected to participate in the \_\_\_\_\_, a nationwide survey being conducted by the University of Chicago in collaboration with the FDA. This survey will collect information to provide \_\_\_\_\_. Please take twelve minutes and take this survey online. Your participation in this survey is voluntary and you can exit at any time. Whether or not you choose to participate will not affect your relationship with AANP/ACP. Submission of this survey is considered implied consent. Your responses are confidential. If you have any questions, please contact the AANP/ACP Research Department by email at <email> or by phone at <phone>.

Take me to the survey (active hyperlink)

Or copy and paste this URL into your internet browser:

## **Sample Informed Consent (beginning of survey)**

The aim of this survey is to gather your opinions and perspectives on generic prescribing. Please note that once you start the survey you cannot go back to questions you already answered.

Your participation in this survey is voluntary and you can exit at any time. Submission of this survey is considered implied consent. Any responses you provide will be confidential. If you have any questions, please contact the ACP/AANP Research Department by email at <email> or phone at <phone>.

This survey will take approximately 12 minutes.