

# Heart Health **NOW!**

Please complete the following survey, which is designed to collect information about your practice for the Heart Health Now study.

We suggest you designate an Office Manager or a Lead Clinician to complete this survey. We strongly encourage you to consult with others in your practice (e.g., Medical Director, Billing Manager) to obtain accurate information to complete this survey.

Please answer questions by checking, you do not need to fill in the circles



These questions should be completed by one senior member of the practice who has good insights into the clinical operations of the practice, such as the lead clinician or an office manager.

1. Indicate the extent to which you agree or disagree that your practice has used the following strategies to improve cardiovascular preventive care:

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	N/A
Providing information and skills-training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using opinion leaders, role modeling, or other vehicles to encourage support for changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing or creating systems in the practice that make it easier to provide high quality care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal or reduction of barriers to better quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using teams focused on accomplishing the change process for improved care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delegating to non-clinician staff the responsibility to carry out aspects of the care that are normally the responsibility of physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing to those who are charged with implementing improved care the power to authorize and make the desired changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic measurement of care quality for assessing compliance with any new approach to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting measurements of practice performance on cardiovascular disease prevention measures (such as aspirin for patients at risk for ischemic vascular disease) for comparison with their peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions should be completed by one senior member of the practice who has good insights into the clinical operations of the practice, such as the lead clinician or an office manager.

2. Indicate the extent to which you agree or disagree that your practice has used the following strategies to improve cardiovascular preventive care:

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	N/A
Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customizing the implementation of cardiovascular disease prevention care changes to the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results from introducing organization-wide change in care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately designing care improvements so as to make clinician participation less work than before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately designing care improvements to make the care process more beneficial to the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Consider all of the priorities your practice has over the next year. On a scale from 1 to 10 where one is no priority at all and 10 is the highest priority, what is the priority that your practice's leadership places on improving cardiovascular disease preventive care?

1	2	3	4	5	6	7	8	9	10
No									Highest
Priority									Priority
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please indicate the categories of patient for which your practice uses a registry or receives reports that identify services due, gaps in care, or track progress. Check all that apply.

- Ischemic vascular disease
- Hypertension
- High cholesterol
- Diabetes
- Prevention services
- High-risk (high-utilization) patients
- We do not use registries or receive such reports

5. Please identify how your practice uses clinical guidelines for cardiovascular disease prevention (e.g., use of aspirin or antithrombotics for those with ischemic vascular disease or smoking cessation counseling). Check all that apply.

- Practice does not follow specific guidelines
- Guidelines are posted or have been distributed
- Clinicians have agreed to use specific guidelines
- Practice uses standing orders
- Practice uses EHR provider guideline-based prompts and reminders

6. Please identify how your practice uses clinical guidelines for management of patients at risk for cardiovascular disease prevention (e.g., statin use among those at risk). Check all that apply.

- Practice does not follow specific guidelines
- Guidelines are posted or have been distributed
- Clinicians have agreed to use specific guidelines
- Practice uses standing orders
- Practice uses EHR provider guideline-based prompts and reminders

7. In which year did you install your current EHR/EMR system? Please enter a 4 digit year (e.g., 2005).

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8. What is the name of your current EHR/EMR system? Check only one. If other is checked, please specify the name.

- |                                      |   |
|--------------------------------------|---|
| <input type="radio"/> allscripts     | <input type="radio"/> EPIC                      |
| <input type="radio"/> advancedMD     | <input type="radio"/> GE/Centricity             |
| <input type="radio"/> Amazing Charts | <input type="radio"/> Greenway Medical          |
| <input type="radio"/> Athenahealth   | <input type="radio"/> McKesson/Practice Partner |
| <input type="radio"/> Care360        | <input type="radio"/> NextGen                   |
| <input type="radio"/> Cerner         | <input type="radio"/> Practice Fusion           |
| <input type="radio"/> eClinicalWorks | <input type="radio"/> Sage/Vitera               |
| <input type="radio"/> E-MDs          | <input type="radio"/> SOAPware                  |
|                                      | <input type="radio"/> Other, please specify:    |

9. What version of your EHR/EMR system are you currently using? You should be able to find the software version on the login screen.

10. Do you share any patient health information (e.g., lab results, imaging reports, problems lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?


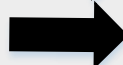

- Yes
- No

11. Where does your data physically reside? Select one.

- Data resides only on a server in your practice
- Data resides in a server in your practice and a copy in the “cloud”
- Data resides in the “cloud” with a vendor
- Data resides in health system data warehouse somewhere
- Do not know where data resides

12. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.”

Did your practice apply for Stage 1 of these incentive payments?

- No   Go to question 14
- Uncertain   Go to question 14
- Yes  

13. Are there plans to apply for Stage 2 incentive payments?

- Yes
- No
- Maybe
- Unknown

14. Is your practice able to incorporate clinical lab tests results into EHR/EMR as structured data (i.e., data recorded in discrete fields and not in text fields)?

- Yes
- No

15. Does your practice have someone who can configure or write quality reports from the EHR/EMR?

- No   Go to question 17
- Yes  

16. Who is the person primarily responsible for configuring and writing quality reports from the EHR/EMR? Please select one.

- A clinician or staff person in the practice
- A consultant/service on retainer to the practice
- An IT service provider within the health system or organization
- Other, please specify:

17. Does your EHR/EMR vendor help extract data and clinical quality measures?

- Yes, and there are restrictions (e.g., a contract saying they own data that prevent data sharing or customizing reports)
- Yes, and there are no restrictions
- No
- Not applicable
- Don't know

For the next three questions, please indicate if your practice has produced quality reports on any of the following clinical quality measures in the last six months. These reports could have been produced by someone on site (i.e., in your practice) or with the assistance of an external group or organization.

18. Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic. (NQF 0068)

- Yes
- No

19. Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. (NQF 0018)

- Yes
- No

20. Percentage of patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. (NQF 0028)

- Yes
- No

21. Can your practice (or larger organization) report the above quality measures at the practice level?

- Yes
- No

22. Can your practice (or larger organization) report the above quality measures by clinician (MD, DO, NP, PA)?

- Yes
- No

23. Overall, how satisfied or dissatisfied are you with your EHR/EMR system?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

24. At your practice, are there plans for installing a new EHR/EMR system within the next 18 months?

- Yes
- No
- Maybe
- Unknown

25. Which of the following best describes your practice size?

- Solo practice
- 2-5 clinicians (MD, DO, NP, PA)
- 6-10 clinicians
- 11-15 clinicians
- 16 or more clinicians

26. Which of the following describes your practice's specialty mix?

- Single-specialty
- Multi-specialty

27. Which of the following best describes your practice's ownership? Check all that apply.

- Clinician-owned solo or group practice
- Hospital/Health system owned
- Health maintenance organization (e.g., Kaiser Permanente)
- Federally Qualified Health Center or Look-Alike
- Non-federal government clinic (e.g., state, county, city, public health clinic, etc.)
- Academic health center/faculty practice
- Federal (Military, Veterans Administration, Department of defense)
- Rural Health Clinic
- Indian Health Service
- Other, please specify

28. How many years has your practice been under the current ownership? Please round to the nearest year. If your practice has been under current ownership for less than one year, please indicate that by entering 0.

29. Is your practice recognized or accredited as a patient-centered medical home (PCMH)?

- Yes
- No

30. Please provide the number of practice members and their combined FTE for each of the following type of staff.

	Number	FTE
Clinicians (MD, DO, NP, PA)	<input type="text"/>	<input type="text"/>
Clinical staff (those providing direct patient care- e.g., RN, LPN, MA, CMA)	<input type="text"/>	<input type="text"/>
Office staff (those supporting practice operations and NOT directly involved in patient care- e.g., receptionists, billing staff, data analysts, etc.)	<input type="text"/>	<input type="text"/>
Psychologist	<input type="text"/>	<input type="text"/>
Social worker or Licensed Social worker	<input type="text"/>	<input type="text"/>
PharmD or Pharmacist	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

31. Have there been any of the following major changes in your practice in the last 12 months? Check all that apply.

- Implemented a new or different electronic health record (EHR)
- Moved to a new location
- Lost one or more clinicians
- Lost one or more office managers or head nurses
- Been purchased by or affiliated with a larger organization
- New billing system
- Other, please specify

32. Is your practice part of an accountable care organization (ACO). Please select all that apply.

- Yes, Medicaid ACO
- Yes, Medicare ACO (Pioneer, Shared Savings Plan, or Advance Payment)
- Yes, Private/Commercial ACO
- Yes, Another type of ACO
- No, not a part of an ACO
- Don't Know

33. Do you plan on newly joining or newly contracting with a Medicaid ACO or ACO-type arrangement in the next 12 months?

- Yes
- No
- Already contracting with a Medicaid ACO

34. If you are not part of a Medicare ACO, do you plan on newly joining or newly contracting with a Medicare ACO (Pioneer or Shared Savings Plan) in the next 12 months?

- Yes
- No
- Already contracting with a Medicare ACO

35. Do you plan on newly joining or newly contracting with a private/commercial ACO or ACO-type arrangement in the next 12 months?

- Yes
- No
- Already contracting with a private/commercial ACO
- Already contracting with at least one private/commercial ACO, but plan to join additional private/commercial ACO arrangements

36. Please estimate the total number of patient visits over a typical week at your practice.

37. Do the clinicians in your practice have their own panel of patients for whom they are responsible?

- No   Go to question 39
- Yes  

38. Please estimate the average panel size for a full-time clinician in your practice.

39. On average, how many patients does a full-time clinician in your practice see on a typical day?

40. Please give the approximate percentage of your patients in the following payer categories. Should add to 100%. Please base your response on the patient's primary insurance carrier.

	Percent with the following coverage:
Medicare only	<input type="text"/>
Medicaid only	<input type="text"/>
Dual Medicare and Medicaid	<input type="text"/>
Private or commercial	<input type="text"/>
No insurance	<input type="text"/>
Other, please specify: <input type="text"/>	<input type="text"/>
Total	100%



41. Has your practice been designated as a medically underserved area (MUA) or medically underserved population (MUP) by the Health Resources and Service Administration (HRSA)?

- Yes
- No

Now we would like you to answer some questions about how your practice externally reports on clinical quality measures and how your practice payment may be adjusted according to performance on these measures.

42. Are data on the clinical quality of care provided by your practice or its clinicians publicly reported by health plans or other external entities?

- Yes
- No
- Don't know

43. During meetings in your practice, how often- if ever- are these data or reports about clinical quality from health plans or other external entities discussed?

- Never
- Infrequently
- Often
- Not applicable/solo practice
- Don't know

44. Does your practice work with the following organizations/networks to support capture of EHR/EMR data used to report clinical quality measures?

	Yes	No
Clinical data warehouse	<input type="radio"/>	<input type="radio"/>
Regional extension center	<input type="radio"/>	<input type="radio"/>
Health system practice network	<input type="radio"/>	<input type="radio"/>
Health information exchange	<input type="radio"/>	<input type="radio"/>
Primary care association	<input type="radio"/>	<input type="radio"/>
Hospital network	<input type="radio"/>	<input type="radio"/>
External consulting group	<input type="radio"/>	<input type="radio"/>
Practice-based research network	<input type="radio"/>	<input type="radio"/>




45. Over the past 12 months, did your practice or individual clinicians in your clinic receive additional revenue or payments from a health plan, public payer, or health system based on measurement of performance on the following:

	Yes	No	Don't know
Measures of patient satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measures of clinical quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measurement of your performance of adoption or use of information technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Over the past 12 months, did your practice receive better contracts (e.g., better payment, preferred status) with health plans for its performance on measurements of patient satisfaction and/or clinical quality?

- Yes
- No
- Don't know

47. Over the past 12 months, did your practice or the individual physicians in your practice receive additional income from health plans based on efficient utilization of resources?

- No   Go to question 49
- Don't Know   Go to question 49
- Yes  

48. What percentage of your practice's annual revenue did these additional payments for efficient utilization of resources constitute? If you don't know the percent, please write "Don't know" in the space below.

49. Over the past 12 months, has your practice received the following forms of bonus or incentive payments?

	Yes	No
Geographic Health Care Professional Shortage Area	<input type="radio"/>	<input type="radio"/>
Medicare primary care incentive payment	<input type="radio"/>	<input type="radio"/>
Medicare care coordination payment	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input style="width: 100%; height: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

50. At present or within the past 12 months, has your practice participated in any of the following payment or quality demonstration programs?

	Yes	No
SIM- State Innovation Models Initiative	<input type="radio"/>	<input type="radio"/>
CPCI- Comprehensive Primary Care Initiative	<input type="radio"/>	<input type="radio"/>
TCPI- Transforming Clinical Practice Initiative	<input type="radio"/>	<input type="radio"/>
CHW- Community Health Worker Training Program	<input type="radio"/>	<input type="radio"/>
BC/BS PCMH Program	<input type="radio"/>	<input type="radio"/>
ASTHO's Million Hearts State Learning Collaborative	<input type="radio"/>	<input type="radio"/>
Million Hearts: Cardiovascular Disease Reduction Model	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input style="width: 100%; height: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

51. Please indicate others in the practice that you consulted with to complete this survey.

Check all that apply.

- Front office staff
- Back office staff
- Office Manager
- Nurse
- Medical assistant
- Clinician (MD, DO, NP, PA)
- Other, please specify: