

# Evaluation of the Vermont Healthcare Innovation Project

Sponsored by:

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

[Begin Survey](#)

Screening questions

**S1. Do you currently practice in Vermont?**

NO	<input type="checkbox"/>	<input type="checkbox"/> THANKS AND END*
YES	<input type="checkbox"/>	<input type="checkbox"/> CONTINUE

**\*[Text for End Screen]: Thank you for your response. At this time, we are seeking responses from providers who practice in Vermont.**

**S2. What is your specialty?**

Family Medicine	<input type="checkbox"/>	<b>CONTINUE</b>
Internal Medicine	<input type="checkbox"/>	<b>CONTINUE</b>
Ob/Gyn	<input type="checkbox"/>	<b>CONTINUE</b>
Pediatrics	<input type="checkbox"/>	<b>CONTINUE</b>
Other Primary Care	<input type="checkbox"/>	<b>CONTINUE</b>
Non-primary care specialty	<input type="checkbox"/>	<b>THANKS AND END*</b>

**\*[Text for End Screen]: Thank you for your response. At this time, we are seeking responses from primary care providers.**

**S3.** In a typical week, do you spend **20 hours or more** in direct patient care? Direct patient care includes things like seeing patients, reviewing tests, preparing for and performing surgery/procedures, and providing other related patient care services.

NO	<input type="checkbox"/>	<b>THANKS AND END*</b>
YES	<input type="checkbox"/>	<b>CONTINUE</b>

**\*[Text for End Screen]: Thank you for your response. At this time, we are seeking responses from providers who spend 20 hours or more in direct patient care.**

## Your participation in this survey is very important to us. Thank you for your participation.

This survey, funded by the Centers for Medicare & Medicaid Services (CMS), is being distributed to health care providers like you in **Vermont** as part of an evaluation of the State Innovation Models (SIM) Initiative. In Vermont, the SIM initiative is called the Vermont Healthcare Improvement Project. RTI International, a non-profit research organization, is evaluating the SIM Initiative in all states under a contract to CMS.

This survey is designed to help CMS understand any effects the SIM initiative may have on how health care practices deliver care to their patients. The survey questions address topics such as your practice's approach to communication with patients, coordination with other providers, monitoring quality or cost data, and your satisfaction at your practice.

**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. You may skip any question you do not want to answer.

**Data on your individual practice will be confidential and not be shared with anyone besides the evaluation team. Your responses will not be used for any purposes other than the evaluation of the SIM Initiative, and will not be shared with anyone at your practice.** The RTI evaluation team will report the results of this survey to CMS in an aggregated format that will not identify any individual providers or practices.

We estimate that this survey will take about **20 minutes** to complete.

If you have any questions regarding the content or purpose of the survey, please contact Leslie Greenwald at [lgreenwald@rti.org](mailto:lgreenwald@rti.org) or 410-448-2611.

If you have difficulty completing this survey, please contact the SIM Evaluation team at [SIMEvaluation@rti.org](mailto:SIMEvaluation@rti.org).

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## The Questions in this Survey

This survey has questions on the following topics:

- Office visits and communication
- Organization of care
- Patient involvement in care
- Referrals
- Health IT and data
- Your satisfaction
- Practice information

Please complete all questions in the survey to the best of your knowledge. You may skip questions that you do not wish to answer. If you choose to exit the survey and enter another time you can re-enter using your PIN and resume the survey where you left off.

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## Office visits and patient communication

In answering the questions in this section, please respond for the office or clinic at which you most often provide direct patient care.

**Q1** Does your practice use “advanced access” or “open access” scheduling that encourages your office staff to offer same-day appointments to virtually all patients who want to be seen?

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

**Q1a** Does the appointment system your practice uses provide some flexibility in scheduling customized visit lengths?

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

**Q1b** Does the appointment system your practice uses accommodate scheduling visits that involve multiple providers?

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

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**Q2** Does your practice **ever** use secure email messaging to communicate between clinicians/practice teams and the patient?

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

**Q2a** [IF Q2 = A] Which of the following statements best describes your practice's use of secure email messaging?

- a. Available but not routinely used.
- b. Available and a common component of patient-practice communication.
- c. Don't know

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**Q3** Which statement best describes how your practice most often responds to requests from your patients during *regular business hours*?

- a. We have difficulty responding to requests of any nature via telephone or secure email messaging on the same day.
- b. We respond to *urgent* patient requests as time permits, and otherwise direct patients to the emergency department or urgent care centers.
- c. We respond through phone, secure email messaging, or face-to-face communications on the same day, with *limited availability* for same-day appointments if needed.
- d. We respond through phone, secure email messaging, or face-to-face communications on the same day, with same day appointments *usually available* if needed.
- e. Don't know

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**Q4** Which of the following statements best describes your *practice's after-hours access (i.e., evenings and weekends)*? Check all that apply.

- a. For **urgent** care and patient requests, available by phone or secure email messaging.
- b. For **urgent** care and patient requests, available for office visits.
- c. For **routine** care and patient requests, available by phone or secure email messaging.
- d. For **routine** care and patient requests, available for office visits.
- e. None of the above [NOTE TO PROGRAMMER: IF THIS IS CHECKED, NO OTHER OPTIONS MAY BE.]
- f. Don't know

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## Organization of care

In answering the questions in this section, please respond for the office or clinic at which you most often provide direct patient care.

**Q5** Do clinicians in your practice work in teams? By *team*, we mean a group of physicians and other staff who meet with each other regularly to discuss the care of a defined group of patients and who share responsibility for their care.

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

**Q5a** Are patients in your practice assigned a specific clinician or care team from which they are encouraged to seek care?

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

**Q5b** [IF Q5a = YES] How often do patients see their assigned specific clinician or care team at an office visit?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

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**Q6** From how many hospitals does your practice receive timely information about patients' *emergency department* visit?

- a. All
- b. Most
- c. Few
- d. None
- e. Don't know

**Q6a** [IF Q6 = A-C] How often does your practice follow-up with patients who were seen in an *emergency department*?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

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**Q7** From how many hospitals does your practice receive timely information about patients' *inpatient* admission?

- a. All
- b. Most
- c. Few
- d. None
- e. Don't know

**Q7a** [IF Q7 = A-C] Which of the following best describes your practice's involvement in your patients' care during *hospital inpatient or post-acute care facility* stays?

- a. We follow up with the patient after discharge only
- b. At least one clinician from our practice monitors the patient's care during hospital or post-acute facility stays by looking at hospital notes or talking with the inpatient care team, and the practice follows-up after discharge.
- c. The patient's *assigned* clinician or care team usually monitors the patient's care during hospital or post-acute care facility stays by looking at hospital notes or talking with the inpatient care team, and the practice follows-up after discharge.
- d. A clinician from our practice is part of the inpatient care team, and the practice follows-up after discharge.
- e. None of the above.
- f. Don't know

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**Q8** Before a patient office visit, how often, if at all, does a “team huddle” or similar planning process take place to prepare the clinician/practice team to meet the patient’s chronic care or prevention needs?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

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**Q9** In which of the following cases does your practice perform patient medication reviews *for patients with multiple medications*? Please select all that apply.

- a. When a patient transitions from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.
- b. When a patient receives a new medication.
- c. When there has been a long gap between patient visits.
- d. During all regularly scheduled visits
- e. We do not routinely perform medication reviews [PROGRAMMER: IF THIS OPTION IS SELECTED NO OTHERS CAN BE]
- f. Don't know [PROGRAMMER: IF THIS OPTION IS SELECTED NO OTHERS CAN BE]

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**Q10** For the next question we are interested in your practice's use of patient care plans for patients with a chronic condition. A "care plan" summarizes a patient's treatment goals and treatment plan, and identifies the responsibilities of each of the various health care providers who may be involved in the patient's care. It is developed in collaboration with patients/families.

Does your practice routinely develop patient care plans?

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

**Q10a** [IF Q10 = YES] Which of the following are features of patient care plans at your practice? Please check all that apply.

- a. They are developed collaboratively with patients and/or families.
- b. They include self-management goals.
- c. They are recorded in patient medical records.
- d. They are used to guide subsequent or ongoing care.
- e. A copy of the care plan is given to the patient and/or family to support care.
- f. Don't know [PROGRAMMER: IF THIS OPTION IS SELECTED NO OTHERS CAN BE]

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**Q11** Does your practice routinely identify patients for whom clinical care management services would be beneficial? These services could include coordination with other providers, help with transitions between care settings, provision of educational resources, or coordination with community-based organizations. .

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

**Q11a** [IF Q11 = YES] For patients that your practice identifies as needing care management services, which of the following services does your practice provide patients? Please select all that apply.

- a. Care coordination with providers (e.g., specialists, behavioral health, dietitians) **within** the practice
- b. Care coordination with providers (e.g., specialists, behavioral health, dietitians) **outside** the practice
- c. Care coordination with the Blueprint for Health Community Health Teams
- d. Care coordination with the SASH Program Wellness Nurses or Coordinators
- e. Assistance with transitions of care between one setting and another
- f. Health education materials
- g. Health education classes within or referral to classes offered outside the practice, such as the Blueprint for Health Healthy Living Workshops
- h. Referrals to social service organizations
- i. None of these [PROGRAMMER: IF THIS OPTION IS SELECTED NO OTHERS CAN BE]
- j. Don't know [PROGRAMMER: IF THIS OPTION IS SELECTED NO OTHERS CAN BE]

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**Q12** Does your practice use office systems (e.g., registries, clinical decision support reminders) to identify patients who have not received recommended preventive services (e.g., cancer screenings, immunizations)?

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

**Q12a** [IF Q12 = A] Which of the following best describes how consistent your practice is in using phone calls, mail or secure email messaging to remind patients to schedule needed preventive services?

- a. We ***always*** remind patients to schedule preventive services if they are due or overdue.
- b. We ***usually*** remind patients to schedule preventive services if they are due overdue.
- c. We ***sometimes*** remind patients to schedule preventive services if they are due or overdue.
- d. We ***rarely*** remind patients to schedule preventive services if they are due or overdue.

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## Patient involvement in care

In answering the questions in this section, please respond for the office or clinic at which you most often provide direct patient care.

**Q13** Does your practice ever assess patient and family values and preferences for planning and organizing care? This includes things like determining the patient's preference for end of life care.

- a. Yes, systematically for all patients
- b. Yes, on an ad hoc basis
- c. No
- d. Don't know

**Q13a** [IF Q13 =A or B] How often does your practice incorporate patient preferences and values into planning and organizing care?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

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**Q14** Does your practice involve patients or their caregivers in decisions about their health care?

- a. Yes, systematically for all patients
- b. Yes, on an ad hoc basis
- c. No
- d. Don't know

**Q14a** [IF Q14 = A or B] Which of the following, if any, does your practice use to involve patients and caregivers in health care decision-making?  
Please select all that apply.

- a. Decision aids (i.e., written, video, or web-based material that explain care options and help patients identify their preferences)
- b. Motivational interviewing (i.e., eliciting discussion from patients about the likely outcomes of changing behavior to achieve a goal, and supporting patients' readiness to change)
- c. Teach-back techniques (i.e., encouraging patients to explain in their own words what they need to know or do)
- d. None of the above [PROGRAMMER: IF SELECTED NO OTHER OPTIONS CAN BE]
- e. Don't know [PROGRAMMER: IF SELECTED NO OTHER OPTIONS CAN BE]

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**Q15** Which of the following, if any, are used by your practice to support patient self-management of chronic conditions? Please check all that apply.

- a. Distribution of information (e.g., pamphlets, booklets, etc.)
- b. Patient referral to self-management classes or educators
- c. Patient goal setting and action planning with clinicians/practice team members, including ongoing ad hoc support from other providers as needed
- d. Patient goal setting and action planning with clinicians/practice team members *specifically trained in patient education, empowerment, and problem-solving methods*, including support through individualized care or group interventions
- e. None of the above [PROGRAMMER: IF SELECTED NO OTHER OPTIONS CAN BE]
- f. Don't know [PROGRAMMER: IF SELECTED NO OTHER OPTIONS CAN BE]

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## Referrals

In answering the questions in this section, please respond for the office or clinic at which you most often provide direct patient care.

**Q16** How often does your practice track and follow-up with patients **after clinical referrals** (e.g., to specialists or other health care providers) either by phone and/or a follow up visit?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't Know

**Q17** How often are **laboratory test results** ordered by this practice systematically **communicated to patients** in ways that are convenient to patients (e.g., phone, secure email messaging, during office visits)?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

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**Q18** Who routinely transmits patient referral information from your practice to specialists, hospitals, and other medical care providers?

- a. The practice
- b. The patient
- c. Don't know

**Q18a** [IF Q18 = A] How often do the referrals your practice provides contain ***the reason for the referral?***

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

**Q18b** [IF Q18 = A] How often do the referrals your practice provides contain ***clinical information relevant to the referral (e.g., test results, medical history, etc.)?***

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

**Q18c** [IF Q18 = A] How often do the referrals your practice provides contain ***other patient information (e.g., medications the patient is taking, patient allergies, etc.)?***

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

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**Q19** Patients sometimes need behavioral health services. When your practice has a patient needing these services which of the following do providers or practice staff do most often?

- a. The practice gives the patient names of behavioral health providers for patient to contact on his/her own.
- b. The practice refers the patient to partners with whom the practice has established relationships.
- c. Behavioral health providers are onsite at the practice.
- d. None of the above
- e. Don't know

**Q19a** [IF Q19 = A, B, or C] How often are behavioral health services available to patients in a timely and convenient manner?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. Don't know

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## Health IT and data

In answering the questions in this section, please respond for the office or clinic at which you most often provide direct patient care.

**Q20** Does your practice use electronic health records (EHR)?

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

**Q20a** [IF Q20 = YES] How long has your practice used your **current** electronic health record (EHR) system?

- Less than 1 year
- Between 1 and 3 years
- 3 years or more

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Now we are interested in the functions you use as part of your EHR or another health information technology (health IT) system.

Q21a Does your practice use an EHR or other health IT system to **document medical and/or progress notes**?

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21b Does your practice use an EHR or other health IT system to **print information for patients (e.g., visit summaries, educational materials)**?

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21c Does your practice use an EHR or other health IT system to **look up cost information (e.g., for medications or lab tests)**?

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21d Does your practice use an EHR or other health IT system **to prescribe electronically**?

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21e Does your practice EHR or other health IT system **enable viewing electronic information from patients' health care providers outside the practice (e.g., through the Vermont Health Information Exchange or DocSite)**?

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21f Does your practice EHR or other health IT system **enable sharing electronic clinical data with patients' health care providers outside the practice (e.g., through the Vermont Health Information Exchange or DocSite)**?

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21g Does your practice use an EHR or other health IT system to **share electronic clinical data with patients (e.g., lab results through a patient portal)?**

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21h Does your practice use an EHR or other health IT system to **provide medication alerts to practice team members?**

- a. No, we do not use this function in an EHR or other health IT system
- b. No, our practice does not have an EHR or any other health IT system
- c. Don't know

Q21i Does your practice use an EHR or other health IT system to **provide practice team members with preventive service alerts?**

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21j Does your practice use an EHR or other health IT system to **provide practice team members with clinical decision support based on evidence-based clinical guidelines?**

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21k Does your practice use an EHR or other health IT system to **provide practice team members with online clinical decision support tools (e.g., BMI calculator, graphing clinical values, scored symptom inventories or risk screeners)?**

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system

Q21l Does your practice use an EHR or other health IT system to ***generate quality measure data?***

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21m Does your practice use an EHR or other health IT system to ***monitor patient expenditures and utilization for services rendered by the practice?***

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

Q21n Does your practice use an EHR or other health IT system to ***monitor patient expenditures and utilization for services rendered by other providers?***

- a. Yes
- b. No, we do not use this function in an EHR or other health IT system
- c. No, our practice does not have an EHR or any other health IT system
- d. Don't know

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For the next few questions we are interested in information you review at the **patient group level**. By patient group level we mean patients grouped by source of insurance (e.g., all Medicare patients), chronic conditions (e.g., all patients with diabetes), or other categories your practice might use in such reviews.

**Q22a\_1** Does your practice regularly review **health care expenditures** at the *patient group level*? Health care expenditures could be those incurred at your practice alone, or across multiple health care providers.

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

**Q22b\_1** [IF Q22a\_1 = YES] Does your practice use this review of patient group level health expenditures to develop strategies to lower the costs of care?

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

**Q22c\_1** [IF Q22b\_1 = YES] Does your practice *monitor* patient group level health expenditures *after* developing strategies to lower the costs of care?

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

**Q22d\_1** [IF Q22b\_1 = YES] Has your practice reevaluated these strategies using the patient group level health expenditure information?

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

**Q22e\_1** [IF Q22b\_1 = YES] Are most of the practitioners in your practice aware of their patients' average health care expenditures?

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

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**Q22a\_2** Does your practice regularly review **health care quality performance** at the patient group level?

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

**Q22b\_2** [IF Q22a\_2 = YES] Does your practice use this review of patient group level health care quality performance to develop strategies to improve the quality of care?

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

**Q22c\_2** [IF Q22b\_2= YES] Does your practice *monitor* patient group level health care quality performance *after* developing strategies to improve the quality of care?

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

**Q22d\_2** [IF Q22b\_2 = YES] Has your practice reevaluated these strategies using the patient group level **health care quality performance** information?

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

**Q22e\_2** [IF Q22b\_2 = YES] Are most of the practitioners in your practice aware of their performance relative to state, national, or other benchmarks?

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

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For the next few questions we are interested in information you review at the **practice level**. By practice level we mean all patients in your practice, regardless of source of insurance, chronic conditions, or other category.

**Q23a\_1** Does your practice regularly review **health care expenditures** at *the practice level*? Health care expenditures could be those incurred at your practice alone, or across multiple health care providers.

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

**Q23b\_1** [IF Q23a\_1 = YES] Does your practice use this review of practice level health expenditures to develop strategies to lower the costs of care?

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

**Q23c\_1** [Q23b\_1 = YES] Does your practice *monitor* practice level health expenditures *after* developing strategies to lower the costs of care?

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

**Q23d\_1** [Q23b\_1 = YES] Has your practice reevaluated these strategies using the practice level health expenditure information?

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

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**Q23a\_2** Does your practice regularly review *health care quality performance* at the practice level?

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

**Q23b\_2** [IF Q23a\_2 = YES] Does your practice use this review of practice level health care quality performance to develop strategies to improve the quality of care?

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

**Q23c\_2** [Q23b\_2 = YES] Does your practice *monitor* practice level health care quality performance *after* developing strategies to improve the quality of care?

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

**Q23d\_2** [Q23b\_2 = YES] Has your practice reevaluated these strategies using the practice level health care quality performance information?

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

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## Practice information

In answering the questions in this section, please respond for the office or clinic at which you most often provide direct patient care.

**Q24** Are any portion of payments to your practice based on ***performance for quality of care, costs, efficiency, or any other performance metrics for any insurer*** (e.g., Medicare, Medicaid, or commercial insurance group)?

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

**Q24a** [IF Q24 = YES] To what extent would you say performance-based payments affect decisions at your practice?

- a. Very much
- b. A little
- c. Not at all
- d. Don't know

**Q24b** [IF Q24 = YES] Are most practitioners within your practice aware of how their individual performance affects practice performance payments?

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

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**Q25** Please indicate how much you agree or disagree with the following statement: Overall, I am satisfied with my current job.

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

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**Q26** Please indicate the category (or categories) that describe(s) your practice organization.

CHECK ALL THAT APPLY

- Solo practice
- Single-specialty primary care practice
- Multiple specialty group practice
- Group or staff model HMO
- Federally-qualified health center or rural health center
- Owned by a hospital or hospital system
- Faculty practice / residency / medical school / teaching clinic
- Patient Centered Medical Home (PCMH)
- Other (*specify*): \_\_\_\_\_

**Q26a** How many providers (physicians, physician assistants, nurse practitioners) provide care either full-time or part-time in your practice?

- 1 provider
- 2-5 providers
- 6-10 providers
- 11-30 providers
- 31-100 providers
- Over 100 providers

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**Q27** Please indicate the types of organizations that your practice is affiliated with:

CHECK ALL THAT APPLY

- Hospital
- Multi-specialty group practice
- Independent Practice Association (IPA)
- Physician-Hospital Organization (PHO)
- Other

Specify: \_\_\_\_\_

**Q27a\_1** Does your practice participate in the Blueprint for Health?

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

**Q27a\_2** (IF Q27a\_1 = YES) When did your practice become an NCQA recognized Patient-Centered Medical Home?

[Drop-down list of years, from 2008 – 2014]

**Q27b** Does your practice participate in any currently active Accountable Care Organizations?

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

**Q27c** [If Q27b = Yes] In which of the following ACOs does your practice participate?

CHECK ALL THAT APPLY

- Medicare** Accountable Care Organization (ACO)
- Medicaid** Accountable Care Organization (ACO)
- Commercial insurer** Accountable Care Organization (ACO)

PREVIOUS

NEXT

HELP



**Q28** What percent of the patients at this practice have the following insurance as their **primary** insurance type? Please provide your best estimate. TOTAL MUST EQUAL 100%

Medicare (includes dual Medicaid and Medicare patients)	_ _ _  %
Medicare Advantage/managed care plans (includes dual Medicaid and Medicare patients)	_ _ _  %
Medicaid (non-dual)	_ _ _  %
Privately insured	_ _ _  %
TRICARE or other veteran's insurance	_ _ _  %
Uninsured	_ _ _  %
Other insurance type ( <i>Please describe below</i> )	_ _ _  %

Q28a If any of the insurance your patients use is "other," please describe that other type of insurance. \_\_\_\_\_

[PROGRAMMER: FORCE TOTALS TO EQUAL 100% AND GIVE RESPONDENTS ERROR MESSAGE IF THEY DO NOT]

PREVIOUS

NEXT

HELP

**Q29** How long have *you* been with practicing with this practice?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years

PREVIOUS

NEXT

HELP

**Q30** (Optional) If you would like to receive the remaining two follow-up surveys in 2015 and 2016 by email rather than letter, please provide your email address here:

PREVIOUS

NEXT

HELP

**Thank you for completing this survey. We appreciate your significant contribution to the evaluation of the State Innovation Models Initiative.**

Done