

SECTION A: QUALITY IMPROVEMENT

1. Does «Clinic» conduct or participate in any formal quality improvement activities?

₁ Yes **IF YES, PROCEED TO Q2 & Q3** ₂ No **IF NO, SKIP TO Q4**

2. Do your quality improvement activities include the following?

	Yes	No	Don't Know	Not Applicable
a. Setting goals based on measurement results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Taking action to improve performance of individual physicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Taking action to improve performance of the practices in your clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Taking action to improve performance of the clinic as a whole	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. Has «Clinic» participated in an HRSA Health Disparities Collaborative project?

₁ Yes ₂ No

4. Does «Clinic» have enough of the following to support Quality Improvement (QI) activities?

	Do Not Have	Yes, But Need More	Yes, And Have Enough
a. Dedicated staff to lead QI activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Information systems to provide timely data and feedback to staff on QI activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Financial support for QI activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Opportunities for staff training in QI	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Opportunities for staff recognition for QI activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

5. Which, if any, of the following performance data are collected and reported at «Clinic» ?

	<i>Select All That Apply</i>		
	At the Provider Level	At the Group Practice Level	Not Collected or Reported
a. Clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Surveys of patient satisfaction and experiences with care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Physician/Provider productivity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

6. Is «Clinic» currently participating in any programs where the clinic and/or provider could receive financial incentives for any of the following? (Financial incentives include bonuses, higher fees, risk-related payments, or reimbursements.)

	<i>Select All That Apply</i>		
	Yes, <u>Clinic</u> Could Receive Incentive	Yes, <u>Individual Physician/ Provider</u> Could Receive Incentive	No
a. High patient satisfaction ratings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Achieving certain clinical care targets (e.g., performance on HEDIS like measures)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Clinic participation in quality improvement activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Managing patients with chronic disease or complex needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Clinic adoption or use of information technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

7. **How, if at all, have the following changed at «Clinic» in the past two years?** Please base your response on actual data if available.

	Much Improved	Improved	About the Same	Worse	Much Worse	Don't Know
a. Physician/Provider productivity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Patient satisfaction and experiences with care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. The clinic's ability to recruit and retain nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. The clinic's ability to recruit and retain physicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

SECTION B: PATIENT INFORMATION SYSTEMS

8. **Where is «Clinic» located?**

₁ City ₂ Suburban ₃ Small town ₄ Rural ₅ Frontier

9. **Do you currently use electronic patient medical records at «Clinic»?**

₁ Yes **IF YES, SKIP TO Q11** ₂ No **IF NO, PROCEED TO Q10**

10. **Do you plan to implement electronic patient medical records in the next two years?**

₁ Yes ₂ No ₃ Not sure

11. **Do you currently use any of the following technologies at «Clinic»?**

	Yes, Used Routinely	Yes, Used Occasionally	No
a. Electronic entry of clinical notes, including medical history and follow-up notes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Electronic ordering of laboratory tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Electronic access to patients' laboratory test results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Electronic prescribing of medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Electronic list of all medications taken by a patient (including those prescribed by other doctors)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Electronic alerts or prompts about a potential problem with drug dose or drug interaction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

12. With the patient medical records system you currently have, how easy would it be for the staff in «Clinic» to generate the following information about the majority of your patients? Also, is this process computerized?

	Ease/Difficulty				Is it Computerized?	
	Easy (<24 hours)	Somewhat Difficult (< 1 week)	Difficult (≥ 1 week)	Cannot Generate	Yes, Computerized	No
a. List of patients by diagnosis (e.g., diabetes or hypertension)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. List of patients by health risk (e.g., smokers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. List of patients by lab result (e.g., HbA1C>9.0)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. List of all patients taking a specific medication (e.g., all patients on ACE inhibitors, or on a specific nonsteroidal anti-inflammatory medication)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. List of panel of patients by provider	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

13. How often, if ever, are the following tasks performed at «Clinic»? Also, is this process computerized?

	Frequency					Is it Computerized?	
	Usually (75-100% of the time)	Often (50– 74% of the time)	Sometimes (25–49% of the time)	Rarely (1–24% of the time)	Never	Yes, Computerized	No
a. Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or HbA1C for diabetic patients)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Provider receives an alert/prompt at point of care for appropriate care services needed by patients (e.g., pap smear or immunizations due)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Provider receives an alert or prompt to provide patients with test results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. All laboratory tests ordered are tracked until results reach clinicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION C: ACCESS TO CARE & CARE COORDINATION

14. Are the following services available for patients at «Clinic»?

	Not Available	Yes, But Need More	Yes, And Have Enough
a. Dental care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Mental or behavioral health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Nutritional counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

15. In addition to regular office hours, please indicate when the following types of patient visits can be scheduled at «Clinic». *Select All That Apply.*

	Early Morning Hours (before 8:30 a.m.)	Evening Hours (after 6:00 p.m.)	Weekend Hours	None of These Hours
a. Sick Visits / Urgent care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Regular or well visits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

16. How often do you think your patients experience the following at «Clinic»?

	Usually (75-100% of the time)	Often (50-74% of the time)	Sometimes (25-49% of the time)	Rarely (1-24% of the time)	Never
a. Patients' appointments are scheduled with their personal clinician versus another clinician	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Patients are able to receive a same or next-day appointment when they request one	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Patients can get telephone advice on clinical issues during office hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Patients can get telephone advice on clinical issues on weekends or after regular office hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Patients can email providers about clinical issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

17. Please indicate which members of your staff routinely perform the following tasks as part of their regular jobs at «Clinic». *Select All That Apply.*

	Physicians	Advanced Practice Providers (e.g., NPs, PAs, CNMs)	Nurses (e.g., RNs, LPNs)	Other Clinical Staff (e.g., MAs)	Non-Clinical Staff (e.g., outreach, enabling staff)
a. Call patients to check on medications, symptoms, or help coordinate care in-between visits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Execute standing orders for medication refills or ordering tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Educate patients about managing their own care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Coordinate care with providers outside of your clinic (e.g. scheduling subspecialty visits)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Provide primary care or routine preventive services to patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

18. How many Full Time Equivalents (FTEs) of the following personnel are in «Clinic»? Also, are there currently shortages (i.e., budgeted positions that are currently open) of the following types of personnel in «Clinic»?

	Number of FTEs	Current shortages?		
	<i>Insert number</i>	Yes	No	Not Applicable
a. Physicians	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Nurse Practitioners (including Certified Nurse Midwives)	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Physician Assistants	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Nurses (including RNs and LPNs)	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Psychiatrists and other licensed mental health providers	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Dentists	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Pharmacy Personnel	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

19. Does «Clinic» have any of the following types of relationships with your local hospital(s)?

	Yes	No
a. Hospital affiliation with referral of your patients for specialist or subspecialist care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Hospital affiliation with your physicians having admitting privileges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Hospital referral <u>to</u> your clinic (e.g., from ER or from newborn nursery)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Residency training site for hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Hospital support of your clinic's QI activities (i.e., financial and/or collaborative support)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Hospital support of IT adoption and use in your clinic (i.e., financial and/or collaborative support)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. How difficult is it for your providers to do each of the following for patients with different types of coverage at «Clinic»?

	Easy	Somewhat Difficult	Very Difficult
a. Obtain timely appointments for office visits with specialists or subspecialists outside «Clinic»:			
i. For their uninsured patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
ii. For their Medicare patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
iii. For their Medicaid fee-for-service patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
iv. For their Medicaid managed care patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. For their other privately insured patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Obtain procedures with specialists or subspecialists outside «Clinic»:			
i. For their uninsured patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
ii. For their Medicare patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
iii. For their Medicaid fee-for-service patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
iv. For their Medicaid managed care patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. For their other privately insured patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

21. When patients are referred to specialists or subspecialists outside «Clinic», how often does each of the following occur?

	Usually (75-100% of the time)	Often (50-74% of the time)	Sometimes (25-49% of the time)	Rarely (1-24% of the time)	Never
a. The referring provider receives a report back from the specialist/subspecialist about care given to the patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. The report from the specialist/subspecialist is received by the clinic within 30 days	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Your clinic tracks specialist/subspecialist referrals until the consultation report returns to the referring provider	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

22. Thinking about the hospital to which your patients are most commonly admitted, if a patient is admitted to the hospital or emergency department how often does the following happen?

	Usually (75-100% of the time)	Often (50-74% of the time)	Sometimes (25-49% of the time)	Rarely (1-24% of the time)	Never
a. Hospital notifies your clinic that a patient has been admitted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Emergency department notifies your clinic that your patient has had an Emergency Room visit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Your clinic receives a discharge summary or report from the hospital to which your patients are usually admitted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

23. If providers at «Clinic» receive a discharge summary or report from the hospital, how long does it usually take to arrive?

1 Less than 48 hours 2 2-4 days 3 5-14 days 4 15-30 days 5 More than 30 days

SECTION D: LANGUAGE SERVICES

24. Please estimate the proportion of the patients at «Clinic» that has limited English proficiency?
_____%

25. In the past 12 months, how many different languages were commonly spoken by the patients who received care in «Clinic»?

1 2 3 4 5 to 10 More than 10

26. How often, if ever, are the following services available at «Clinic» for communicating with patients who do not speak English?

	Usually (75-100% of the time)	Often (50-74% of the time)	Sometimes (25-49% of the time)	Rarely (1-24% of the time)	Never
a. Bilingual clinical staff who provide translation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Bilingual non-clinical staff (e.g. front desk staff) who translate for patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Trained interpreters available onsite within the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Telephone lines to access off-site interpreters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

27. What is your title?

- ₁ Executive Director
- ₂ Medical Director
- ₃ Chief Financial Officer
- ₄ Director of Nursing
- ₅ Other (Please Specify: _____)

28. Who else, if anyone, did you consult with to complete this survey? *Select All That Apply.*

- ₁ Executive Director
- ₂ Medical Director
- ₃ Chief Financial Officer
- ₄ Director of Nursing
- ₅ Other staff (Please Specify: _____)
- ₆ No one, I completed it independently

Please feel free to add any additional comments or suggestions below:

Please return the survey in the enclosed postage-paid envelope.

Thank you for your time and assistance.

If you have questions about this survey, please contact:

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If you have questions about your rights as a participant, please contact the Institutional Review Board (IRB) at (773) 702 - 6505. You may also write to the IRB:

**Institutional Review Board
University of Chicago
5751 S. Woodlawn Ave., McGiffert Hall
Chicago, Illinois 60637**