The Commonwealth Fund 2009 Survey of Health Clinics Involved in the Safety Net Medical Home Initiative

This survey was developed by investigators at the Commonwealth Fund and University of Chicago with input from a national advisory committee of health center clinicians, administrators, and policymakers. The survey was designed to provide an overview of health center capability and provide individual questions to create a PCMH evaluation scale. The survey included new items and items adapted from previous surveys, such as the NQF-Endorsed[TM] Definition and Framework for Measuring Care Coordination, Electronic Health Records in Ambulatory Care, and Adoption of Health Information Technology (HIT) among Community Health Centers.

The survey was distributed by mail at the baseline of the Safety Net Medical Home Initiative between July and December 2009. It included instructions to be completed by health center leadership with help from other staff as necessary.

The Commonwealth Fund 2009 Survey of Health Clinics Involved in the Safety Net Medical Home Initiative

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	☐1	☐2	☐3	☐4
b. Taking action to improve performance of individual physicians	☐1	☐2	☐3	☐4
c. Taking action to improve performance of the practices in your clinic	☐1	☐2	☐3	☐4
d. Taking action to improve performance of the clinic as a whole	☐1	☐2	☐3	☐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	☐1	☐2	☐3
b. Information systems to provide timely data and feedback to staff on QI activities	☐1	☐2	☐3
c. Financial support for QI activities	☐1	☐2	☐3
d. Opportunities for staff training in QI	☐1	☐2	☐3
e. Opportunities for staff recognition for QI activities	☐1	☐2	☐3

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

	Select All That Apply		
	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)	☐1	☐2	☐3
b. Surveys of patient satisfaction and experiences with care	☐1	☐2	☐3
c. Physician/Provider productivity	☐1	☐2	☐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.)*

	Select All That Apply		
	Yes, Clinic Could Receive Incentive	**Yes, Individual Physician/ Provider Could Receive Incentive**	**No**
a. High patient satisfaction ratings	☐1	☐2	☐3
b. Achieving certain clinical care targets (e.g., performance on HEDIS like measures)	☐1	☐2	☐3
c. Clinic participation in quality improvement activities	☐1	☐2	☐3
d. Managing patients with chronic disease or complex needs	☐1	☐2	☐3
e. Clinic adoption or use of information technology	☐1	☐2	☐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	□1	□2	□3	□4	□5	□6
b. Clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	□1	□2	□3	□4	□5	□6
c. Patient satisfaction and experiences with care	□1	□2	□3	□4	□5	□6
d. The clinic's ability to recruit and retain nurses	□1	□2	□3	□4	□5	□6
e. The clinic's ability to recruit and retain physicians	□1	□2	□3	□4	□5	□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	□1	□2	□3
b. Electronic ordering of laboratory tests	□1	□2	□3
c. Electronic access to patients' laboratory test results	□1	□2	□3
d. Electronic prescribing of medication	□1	□2	□3
e. Electronic list of all medications taken by a patient (including those prescribed by other doctors)	□1	□2	□3
f. Electronic alerts or prompts about a potential problem with drug dose or drug interaction	□1	□2	□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)	☐1	☐2	☐3	☐4	☐1	☐2
b. List of patients by health risk (e.g., smokers)	☐1	☐2	☐3	☐4	☐1	☐2
c. List of patients by lab result (e.g., HbA1C>9.0)	☐1	☐2	☐3	☐4	☐1	☐2
d. List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due)	☐1	☐2	☐3	☐4	☐1	☐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)	☐1	☐2	☐3	☐4	☐1	☐2
f. List of panel of patients by provider	☐1	☐2	☐3	☐4	☐1	☐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)	☐1	☐2	☐3	☐4	☐5	☐1	☐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)	☐1	☐2	☐3	☐4	☐5	☐1	☐2
c. Provider receives an alert or prompt to provide patients with test results	☐1	☐2	☐3	☐4	☐5	☐1	☐2
d. All laboratory tests ordered are tracked until results reach clinicians	☐1	☐2	☐3	☐4	☐5	☐1	☐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	☐1	☐2	☐3
b. Mental or behavioral health	☐1	☐2	☐3
c. Nutritional counseling	☐1	☐2	☐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	☐1	☐2	☐3	☐4
b. Regular or well visits	☐1	☐2	☐3	☐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	☐1	☐2	☐3	☐4	☐5
b. Patients are able to receive a same or next-day appointment when they request one	☐1	☐2	☐3	☐4	☐5
c. Patients can get telephone advice on clinical issues during **office hours**	☐1	☐2	☐3	☐4	☐5
d. Patients can get telephone advice on clinical issues on **weekends or after regular office hours**	☐1	☐2	☐3	☐4	☐5
e. Patients can email providers about clinical issues	☐1	☐2	☐3	☐4	☐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	☐1	☐2	☐3	☐4	☐5
b. Execute standing orders for medication refills or ordering tests	☐1	☐2	☐3	☐4	☐5
c. Educate patients about managing their own care	☐1	☐2	☐3	☐4	☐5
d. Coordinate care with providers outside of your clinic (e.g. scheduling subspecialty visits)	☐1	☐2	☐3	☐4	☐5
e. Provide primary care or routine preventive services to patients	☐1	☐2	☐3	☐4	☐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?		
	Insert number	**Yes**	**No**	**Not Applicable**
a. Physicians	_____	$\square_1$	$\square_2$	$\square_3$
b. Nurse Practitioners (including Certified Nurse Midwives)	_____	$\square_1$	$\square_2$	$\square_3$
c. Physician Assistants	_____	$\square_1$	$\square_2$	$\square_3$
d. Nurses (including RNs and LPNs)	_____	$\square_1$	$\square_2$	$\square_3$
e. Psychiatrists and other licensed mental health providers	_____	$\square_1$	$\square_2$	$\square_3$
f. Dentists	_____	$\square_1$	$\square_2$	$\square_3$
g. Pharmacy Personnel	_____	$\square_1$	$\square_2$	$\square_3$

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	$\square_1$	$\square_2$
b. Hospital affiliation with your physicians having admitting privileges	$\square_1$	$\square_2$
c. Hospital referral <u>to</u> your clinic (e.g., from ER or from newborn nursery)	$\square_1$	$\square_2$
d. Residency training site for hospital	$\square_1$	$\square_2$
e. Hospital support of your clinic's QI activities (i.e., financial and/or collaborative support)	$\square_1$	$\square_2$
f. Hospital support of IT adoption and use in your clinic (i.e., financial and/or collaborative support)	$\square_1$	$\square_2$

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 <u>office visits</u> with specialists or subspecialists outside «Clinic»**:**			
i. For their **uninsured** patients?	$\square_1$	$\square_2$	$\square_3$
ii. For their **Medicare** patients?	$\square_1$	$\square_2$	$\square_3$
iii. For their **Medicaid fee-for-service** patients?	$\square_1$	$\square_2$	$\square_3$
iv. For their **Medicaid managed care** patients?	$\square_1$	$\square_2$	$\square_3$
v. For their **other privately insured** patients?	$\square_1$	$\square_2$	$\square_3$
b. Obtain <u>procedures</u> with specialists or subspecialists outside «Clinic»**:**			
i. For their **uninsured** patients?	$\square_1$	$\square_2$	$\square_3$
ii. For their **Medicare** patients?	$\square_1$	$\square_2$	$\square_3$
iii. For their **Medicaid fee-for-service** patients?	$\square_1$	$\square_2$	$\square_3$
iv. For their **Medicaid managed care** patients?	$\square_1$	$\square_2$	$\square_3$
v. For their **other privately insured** patients?	$\square_1$	$\square_2$	$\square_3$

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	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
b. The report from the specialist/subspecialist is received by the clinic within 30 days	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
c. Your clinic tracks specialist/subspecialist referrals until the consultation report returns to the referring provider	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

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	☐1	☐2	☐3	☐4	☐5
b. Emergency department notifies your clinic that your patient has had an Emergency Room visit	☐1	☐2	☐3	☐4	☐5
c. Your clinic receives a discharge summary or report from the hospital to which your patients are usually admitted	☐1	☐2	☐3	☐4	☐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	☐1	☐2	☐3	☐4	☐5
b. Bilingual non-clinical staff (e.g. front desk staff) who translate for patients	☐1	☐2	☐3	☐4	☐5
c. Trained interpreters available **onsite** within the clinic	☐1	☐2	☐3	☐4	☐5
d. Telephone lines to access off-site interpreters	☐1	☐2	☐3	☐4	☐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:

_____

_____

_____

_____