Thank you for participating in our research. The purpose of this survey is to better understand the factors that facilitate and hinder quality improvement initiatives among Federally Qualified Health Centers, particularly the establishment of medical homes. Please be assured that your responses to this survey are completely confidential – any information you provide will be held in the strictest confidence.

Please read each question carefully. Using a blue or black pen, mark the box next to the appropriate response as indicated: ☒. Be sure to follow all *CAPITALIZED* instructions carefully. If you are asked to provide a written response to a question, please record it neatly in the space provided.

SECTION A: QUALITY IMPROVEMENT

1. **Does your center conduct or participate in any formal quality improvement activities?**
    ☐$_1$ Yes   *IF YES, PROCEED TO QUESTIONS 2 & 3*   ☐$_2$ No   *IF NO, SKIP TO QUESTION 4*

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 center	☐$_1$	☐$_2$	☐$_3$	☐$_4$
d. Taking action to improve performance of the center as a whole	☐$_1$	☐$_2$	☐$_3$	☐$_4$

3. **Has your center participated in a HRSA Health Disparities Collaborative project?**
    ☐$_1$ Yes   ☐$_2$ No

4. **Does your center 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 your center?**

	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 your center currently participating in any programs where the center 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, <u>Center</u> Could Receive Incentive	**Yes, <u>Individual Physician/ Provider</u> 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. Center participation in quality improvement activities	☐1	☐2	☐3
d. Managing patients with chronic disease or complex needs	☐1	☐2	☐3
e. Center adoption or use of information technology	☐1	☐2	☐3

7. **How, if at all, have the following changed at your center 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 center's ability to recruit and retain nurses	☐1	☐2	☐3	☐4	☐5	☐6
e. The center's ability to recruit and retain physicians	☐1	☐2	☐3	☐4	☐5	☐6

SECTION B: PATIENT INFORMATION SYSTEMS

8. **How many sites in total are in your Health Center?**

Insert total # of sites _____

IF YOUR CENTER HAS MORE THAN ONE SITE, PROCEED TO QUESTION 9. IF YOUR CENTER HAS ONLY ONE SITE, SKIP TO QUESTION 10.

9. **What is the zip code of your center's largest site that provides comprehensive primary care (*i.e., the site serving the greatest number of patients*)?**

Insert zip code:_____

10. **Where is your site/your center's largest site located?**

□₁ City   □₂ Suburban   □₃ Small town   □₄ Rural   □₅ Frontier

11. **Do you currently use electronic patient medical records throughout your health center?**

□₁ Yes ⟹	**If you answered YES to QUESTION 11 AND have more than one site:**
	Q12. **In how many sites are electronic patient medical records being used?** Insert # _____
□₂ No ⟹	**If you answered NO to QUESTION 11:**
	Q13. **Do you plan to implement electronic patient medical records in the next two years?**
	□₁ Yes □₂ No □₃ Not Sure

*If you have more than one site, for the remaining questions please think about the **largest** site in your center, which you listed above. If you have only one site, please think of that site.*

14. **Do you currently use any of the following technologies in your largest site?**

	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

15. With the patient medical records system you **currently** have, how easy would it be for the staff in your **largest site** 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 patients taking a specific medication (e.g., 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

16. How often, if ever, are the following tasks performed at your **largest site.** 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. Laboratory tests ordered are tracked until results reach clinicians	☐1	☐2	☐3	☐4	☐5	☐1	☐2

17. **Are the following services available for patients at your largest site?**

	Not Available	Yes, But Need More	Yes, And Have Enough
a. Dental care	$\square_1$	$\square_2$	$\square_3$
b. Mental or behavioral health	$\square_1$	$\square_2$	$\square_3$
c. Nutritional counseling	$\square_1$	$\square_2$	$\square_3$

18. **In addition to regular office hours, please indicate when the following types of patient visits can be scheduled at your largest site.** *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	$\square_1$	$\square_2$	$\square_3$	$\square_4$
b. Regular or well visits	$\square_1$	$\square_2$	$\square_3$	$\square_4$

19. **How often do you think your patients experience the following at your largest site?**

	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	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
b. Patients are able to receive a same or next-day appointment when they request one	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
c. Patients can get telephone advice on clinical issues during **office hours**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
d. Patients can get telephone advice on clinical issues on **weekends or after regular office hours**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
e. Patients can email providers about clinical issues	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

20. **Please indicate which members of your staff routinely perform the following tasks as part of their regular jobs at your largest site.** *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 center (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

21. **How many Full Time Equivalents (FTEs) of the following personnel are in your largest site?** *Please use the current UDS definition of FTE.* **Also, are there currently shortages (i.e., budgeted positions that are currently open) of the following types of personnel in your largest site?**

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

22. **Does your center's largest site 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	☐1	☐2
b. Hospital affiliation with your physicians having admitting privileges	☐1	☐2
c. Hospital referral to your center's largest site (e.g., from ER or from newborn nursery)	☐1	☐2
d. Residency training site for hospital	☐1	☐2
e. Hospital support of your largest site's QI activities (i.e., financial and/or collaborative support)	☐1	☐2
f. Hospital support of IT adoption and use in your largest site (i.e., financial and/or collaborative support)	☐1	☐2

23. **How difficult is it for your providers to do each of the following for patients with different types of coverage?** If more than one site, please think about your largest site.

	Easy	Somewhat Difficult	Very Difficult
a. Obtain timely appointments for <u>office visits</u> with specialists or subspecialists outside your center for…			
i. **Uninsured** patients?	☐1	☐2	☐3
ii. **Medicare** patients?	☐1	☐2	☐3
iii. **Medicaid fee-for-service** patients?	☐1	☐2	☐3
iv. **Medicaid managed care** patients?	☐1	☐2	☐3
v. **Other privately insured** patients?	☐1	☐2	☐3
b. Obtain <u>procedures</u> with specialists or subspecialists outside your center for…			
i. **Uninsured** patients?	☐1	☐2	☐3
ii. **Medicare** patients?	☐1	☐2	☐3
iii. **Medicaid fee-for-service** patients?	☐1	☐2	☐3
iv. **Medicaid managed care** patients?	☐1	☐2	☐3
v. **Other privately insured** patients?	☐1	☐2	☐3

24. **When patients are referred to specialists or subspecialists outside your largest site, 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	☐1	☐2	☐3	☐4	☐5
b. The report from the specialist/subspecialist is received by the center within 30 days	☐1	☐2	☐3	☐4	☐5
c. Your center tracks specialist/subspecialist referrals until the consultation report returns to the referring provider	☐1	☐2	☐3	☐4	☐5

25. **Thinking about the hospital to which patients at your largest site 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 center that a patient has been admitted	☐1	☐2	☐3	☐4	☐5
b. Emergency department notifies your center that your patient has had an Emergency Room visit	☐1	☐2	☐3	☐4	☐5
c. Your center receives a discharge summary or report from the hospital to which your patients are usually admitted	☐1	☐2	☐3	☐4	☐5

26. How long does it usually take for a hospital discharge summary or report to arrive?

$\square_1$ Less than 48 hours $\square_2$ 2-4 days $\square_3$ 5-14 days $\square_4$ 15-30 days $\square_5$ More than 30 days

SECTION D: LANGUAGE SERVICES

27. Please estimate the proportion of patients at your largest site that has limited English proficiency.
_____%

28. In the past 12 months, how many different languages were commonly spoken by the patients who received care in your largest site?

$\square$ 1 $\square$ 2 $\square$ 3 $\square$ 4 $\square$ 5 to 10 $\square$ More than 10

29. How often, if ever, are the following services available at your largest site 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	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
b. Bilingual non-clinical staff (e.g. front desk staff) who translate for patients	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
c. Trained interpreters available **onsite** within the center	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
d. Telephone lines to access off-site interpreters	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

SECTION E: RESPONDENT INFORMATION

30. What is your title?

$\square_1$ Executive Director
$\square_2$ Medical Director
$\square_3$ Chief Financial Officer
$\square_4$ Director of Nursing
$\square_5$ Other (Please Specify:_____)

31. Who else, if anyone, did you consult with to complete this survey? *Select all that apply.*

$\square_1$ Executive Director
$\square_2$ Medical Director
$\square_3$ Chief Financial Officer
$\square_4$ Director of Nursing
$\square_5$ Other staff
$\square_6$ No one, I completed it independently

That completes the survey.
Please return the survey in the enclosed postage-paid envelope.
Thank you sincerely for your valuable time.