Appendix A. National Survey of Physician Organizations III

A. Background Information and History

A1_pre
I’d like to confirm that I have the correct name for your <IF S1=1 then “medical group”, IF S1=1 then “practice”>. Is <<org_name>> correct?
   Yes – A1_b
   No – A1

A1. What is the name of your <IF S1=1 then “medical group”, IF S1=1 then “practice”>?
   1. Enter Name ____________
   8. Don’t Know
   9. Refused

A1a. Has your group ever been called <org_name>? 
   Yes
   No

A1b. During the last three years has your medical group/practice merged with or purchased another organization?
   Yes – A1b1 
   No - A1c

A1b1. What is the name of the other organization?

A1c. During the last three years, has your medical group/practice been purchased by another organization?
   Yes – A1c1
   No - A2

A1c1. What is the name of the other organization?

A2. Which of the following best describes your <IF S1=1 then “medical group”, IF S1=1 then “practice”>?
   1. Solo practice
   2. Two or more physician group
   3. Federally Qualified Health Center
   4. Other Community Health Center
   5. OTHER (Please specify _______________)

IF A2 = 1, GO TO A4INT. IF A2 = 1 THEN A3 MUST AUTOMATICALLY fill1

INTROA3. In the rest of this interview, I will frequently refer to “your medical group”. By “your medical group” I mean physicians who work together and share staff, patient medical records, and income. When I ask about “your medical group”, please think of this group of physicians. If your medical group has more than one location, please think of physicians across all your locations.

1. Continue

A3. At present, approximately what is the total number of physicians working in your medical group across all its locations, including both full and part-time physicians?

   1. ENTER TOTAL NUMBER OF PHYSICIANS ____________
   888. DK
**A4INT.** Approximately how many of the physicians in your medical group, across all its locations, are:

If A2=1 OR A3=1, SHOW: (IF SPEAKING WITH A PHYSICIAN: “Are you a…” IF SPEAKING WITH A PRACTICE MANAGER OR OTHER ADMINISTRATOR: “Is your practice’s physician a…” )

[Interviewer: Read list.]

<table>
<thead>
<tr>
<th>A4)</th>
<th>Family physician(s)</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>A5)</td>
<td>General Internist(s)</td>
<td>___________________</td>
</tr>
<tr>
<td>A6)</td>
<td>General practitioner(s)</td>
<td>________________</td>
</tr>
<tr>
<td>A7)</td>
<td>Cardiologist(s)</td>
<td>___________________</td>
</tr>
<tr>
<td>A8)</td>
<td>Endocrinologist(s)</td>
<td>___________________</td>
</tr>
<tr>
<td>A9)</td>
<td>Pulmonologist(s)</td>
<td>________________</td>
</tr>
</tbody>
</table>

If A3=1, Some other

and [A4 + A5 + A6 + A7 + A8 + A9 = 0]

show also:

| A9a) | Some other type, specify: | ___________________ |

If A9a > 0, ask A9a ‘other specify’.

**SUM A4 through A9**

**DIVIDE SUM (A4:A9) by A3 ____________ %**

**IF (A3 LT 20 AND SUM A4:A9 <40% of A3) OR IF (A3 GE 20 AND IF SUM A4:A9 <30% of A3) → GO TO TERM1** the sum should not include A9a

**A10.** Who owns the equipment and employs the non-physician staff of your <IF A2>1 then “medical group”, IF A2=1 then “practice”>?

**READ LIST UNTIL RESPONSE SELECTED**

1. Physicians in your practice, including yourself if you own the practice
2. A larger medical group, (specify: ________ )
3. A hospital, hospital system, or health care system that is not an academic medical center
4. An HMO (Health Maintenance Organization) or other insurance entity
5. Jointly owned, (specify: ________ )
6. Non-physician managers
7. Someone Else (Please specify ________ )
8. DK
99. REF

**A10b.** For how long has that entity had ownership over your <IF A2>1 then “medical group”, IF A2=1 then “practice”>?

1. ENTER NUMBER OF YEARS ____________
888. DK
IF A3 = A4 OR IF A3 = A5 OR IF A3 = A6 OR IF A3 = (A4 + A5 + A6), GO TO A12.

A11. In some cases, specialists also serve as primary care physicians for their patients. To the best of your knowledge, for approximately what percentage of patients, if any, do the physicians in your medical group, across all its locations, serve as primary care physicians as well as specialists?

1. ENTER PERCENTAGE ______
   888. DK
   999. REF

IF A3 = 1, SHOW: In some cases, specialists also serve as primary care physicians for their patients. To the best of your knowledge, for approximately what percentage of patients, if any, {do you/does your practice’s physician} serve as a primary care physician as well as a specialist?

A12. Does your {<IF A2> medical group”, IF A2=1 then “practice”> receive a significant proportion of patients through an independent practice association (IPA) or a physician hospital organization (PHO)? [INTERVIEWER: IF RESPONDENT ASKS TO CLARIFY “significant proportion,” SAY “Whatever that means to you.”]

1. Yes
2. No
7. NA
8. DK
9. REF

IFA12=1, SHOW: For simplicity, from now on when I say ‘IPA’ I mean independent practice association and when I say ‘PHO’ I mean physician hospital organization.

A13. Approximately what percent of your group’s patients are from the following ethnic groups? Again, by “your group” we mean all the physicians in your practice across all its locations. We understand that you will not know these percentages exactly – please just give us your best estimate.

IF A3=1 SHOW Approximately what percent of your practice’s patients are from the following racial/ethnic groups? We understand that you will not know these percentages exactly – please just give us your best estimate.

A13a) Asian
A13b) Black/ African American
A13c) Caucasian
A13d) Hispanic / Latino
A13e) Other racial/ethnic groups 100%

A14. Approximately what percent, if any, of the patients in your {<IF A2> medical group”, IF A2=1 then “practice”> have limited English proficiency (meaning they speak English less than very well)?

1. ENTER PERCENT ______
   888. DK
   999. REF

A15. Does your {<IF A2> medical group”, IF A2=1 then “practice”> collect the following information on all or most of your patients or have it provided by others?

A15a. Race
A15b. Ethnicity
A15c. Primary language
1. Yes
2. No
8. DK
9. REF

B. Information Systems

BINTRO: Now I am going to ask some questions about the extent – if any – to which your <IF A2>1 then “medical group”, IF A2=1 then “practice”> has electronic clinical information systems.

B1. An electronic medical record (EMR) is a computer-based patient medical record. Not including billing records, does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> use electronic medical records, part electronic and part paper medical records, or all paper medical records?

1. YES, ALL ELECTRONIC
2. YES, PART ELECTRONIC AND PART PAPER
3. NO, ALL PAPER
8. DON’T KNOW
9. REF

IF B1 = 3 OR B1 = 8, GO TO B18INT.
IF B1 = 3 OR B1 = 8 AND A3 = 1, GO TO B18INTb
IF B1 = 3 OR B1 = 8 AND A3 > 20 GO TO B18INTa
ELSE GO TO B3INT

B3INT. We would like to understand more about which components are included in your EMR. Does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> make available an electronic medical record that contains the following elements . . . ?

B3. the patient’s medications?
1. Yes
2. No
8. DK
9. REF

B3a. the patient’s medication allergies?
1. Yes
2. No
8. DK
9. REF

B4. the patient’s problem list?
1. Yes
2. No
8. DK
IF B4>1, GO TO B6
IF B4=1 AND IF A3 >=20, GO TO B5a
IF B4=1 AND IF A3 = 1, GO TO B5b
ELSE GO TO B5

B5. Approximately what percentage – if any – of your physicians are using the electronic medical record for the patient’s problem list?
1. ENTER PERCENTAGE _____
888. DK
999. REF
GO TO B6

B5a. Do the majority of your physicians use the electronic medical record for the patient’s problem list?
1. Yes
2. No
8. DK
9. REF
GO TO B6

B5b. (Do you use/Does your practice’s physician use) the electronic medical record for the patient’s problem list?
1. Yes
2. No
8. DK
9. REF

B6. Does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> make available an electronic medical record that includes ambulatory care progress notes?
1. Yes
2. No
8. DK
9. REF
IF B6 >1, GO TO B8
IF B6 =1, AND IF A3 >=20, GO TO B7a
IF B6 =1, AND IF A3 = 1, GO TO B7b
ELSE GO TO B7

B7. Approximately what percentage – if any – of your physicians are using the electronic medical record for progress notes?
1. ENTER PERCENTAGE _____
888. DK
999. REF
GO TO B8

B7a. Do the majority of your physicians use the electronic medical record for progress notes?
1. Yes
2. No
8. DK
9. REF
GO TO B8

B7b. {Do you/Does your practice’s physician} use the electronic medical record for progress notes?
   1. Yes
   2. No
   8. DK
   9. REF

B8. Does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> make available an electronic medical record that includes automatic alerts of potential drug interactions?
   1. Yes
   2. No
   8. DK
   9. REF

IF B8>1, GO TO B10

IF B8=1, AND IF A3>=20, GO TO B9a
IF B8=1, AND IF A3 = 1, GO TO B9b
ELSE GO TO B9

B9. Approximately what percentage – if any – of your physicians are using the electronic medical record for potential drug interactions?
   1. ENTER PERCENTAGE _______
   888. DK
   999. REF

GO TO B10

B9a. Do the majority of your physicians use the electronic medical record for potential drug interactions?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO B10

B9b. {Do you/Does your practice’s physician} use the electronic medical record for potential drug interactions?
   1. Yes
   2. No
   8. DK
   9. REF

B10. Does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> make available an electronic medical record that includes decision support in the form of prompts or reminders at the time the physician is seeing the patient?
   1. Yes
   2. No
   8. DK
   9. REF

IF B10 >1, GO TO B12

IF B10 =1 AND IF A3>=20, GO TO B11a
IF B10 >1 AND IF A3 = 1, GO TO B11b
ELSE GO TO B11

B11. Approximately what percentage - if any - of your physicians are using the electronic medical record for prompts and reminders?
   1. ENTER PERCENTAGE ______
      888. DK
      999. REF
   GO TO B12

B11a. Do the majority of your physicians use the electronic medical record for prompts and reminders?
   1. Yes
   2. No
   8. DK
   9. REF
   GO TO B12

B11b. {Do you/Does your practice’s physician} use the electronic medical record for prompts and reminders?
   1. Yes
   2. No
   8. DK
   9. REF

B12. Does your {IF A2>1 then “medical group”, IF A2=1 then “practice”} make available an electronic medical record that includes alerts about important abnormal test results at the time they are received?
   1. Yes
   2. No
   8. DK
   9. REF

IF B12>1, GO TO B14

IF B12=1 AND IF A3>=20, GO TO B13a.
IF B12=1 AND IF A3 = 1, GO TO B13b
ELSE GO TO B13

B13. Approximately what percentage, if any, of your physicians are using the electronic medical record for alerts on abnormal test results?
   1. ENTER PERCENTAGE ______
      888. DK
      999. REF
   GO TO B14

B13a. Do the majority of your physicians use the electronic medical record for alerts on abnormal test results?
   1. Yes
   2. No
   8. DK
   9. REF
   GO TO B14

B13b. {Do you/Does your practice’s physician} use the electronic medical record for alerts on abnormal test results?
1. Yes
2. No
8. DK
9. REF

**B14.** Does your < IF A2>1 then “medical group”, IF A2=1 then “practice”> use its electronic medical record to collect data for clinical quality measures?

1. Yes
2. No
8. DK
9. REF

IF B14>1, GO TO B15

**B14a.** Does your < IF A2>1 then “medical group”, IF A2=1 then “practice”> provide theBse data on clinical quality measures to CMS, your state, or other entity that compiles or reports quality measures?

1. Yes
2. No
8. DK
9. REF

**B15.** Does your < IF A2>1 then “medical group”, IF A2=1 then “practice”> allow patients to view their medical record online?

1. Yes
2. No
8. DK
9. REF

IF B15>1, GO TO B17

**B16.** Does your < IF A2>1 then “medical group”, IF A2=1 then “practice”> allow patients to make changes to or update their medical record online?

1. Yes
2. No
8. DK
9. REF

**B17.** Does your < IF A2>1 then “medical group”, IF A2=1 then “practice”> use the electronic medical record to provide patients with clinical summaries of each office visit?

1. Yes
2. No
8. DK
9. REF

IF A3>=20 GO TO B18INTa
IF A3=1 GO TO B18INTb
ELSE GO TO B18INT

**B18INT:** The next few questions ask whether the physicians in your medical group have electronic access to certain information. Approximately what percentage, if any, of the physicians in your medical group have electronic access to:

GO TO B18
B18INTa The next few questions ask whether the physicians in your medical group have electronic access to certain information. Do MOST of your physicians have electronic access to:

GO TO B18a

B18INTb The next few questions ask whether {you have/your practice’s physician has} electronic access to certain information. {Do you/Does he/she} have electronic access to:

GO TO B18b

B18. clinical information on patients’ emergency room visits at the main hospital which your physicians use?
   1. ENTER PERCENTAGE _________
      888. DK
     999. REF
   GO TO B19

B18a. clinical information on patients’ emergency room visits at the main hospital which your physicians use?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO B19a

B18b. clinical information on patients’ emergency room visits at the main hospital which {you use?/he/she uses}?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO B19b

B19. hospital discharge summaries at the main hospital which your physicians use?
   1. ENTER PERCENTAGE _________
      888. DK
     999. REF
   GO TO B20

B19a. hospital discharge summaries at the main hospital which your physicians use?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO B20a

B19b. hospital discharge summaries at the main hospital which {you use?/he/she uses}?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO B20b

B20. laboratory results from the main laboratory that your physicians use?
   1. ENTER PERCENTAGE _____________
      888. DK
     999. REF
IF B1 > 2, GO TO B23.
IF B1 < 3 AND B18 = 0 AND B19 = 0, GO TO B23.
IF B1 < 3 AND B18 > 0 OR B19 > 0 GO TO B21.

B20a. laboratory results from the main laboratory that your physicians use?
   1. Yes
   2. No
   8. DK
   9. REF
IF B1 > 2, GO TO B23a.
IF B1 < 3 AND B18a > 1 AND B19a > 1, GO TO B23a.
IF B1 < 3 AND B18a = 1 OR B19a = 1 GO TO B21.

B20b. laboratory results from the main laboratory that {you use?/he/she uses?}
   1. Yes
   2. No
   8. DK
   9. REF
IF B1 > 2, GO TO B23b.
IF B1 < 3 AND B18b > 1 AND B19b > 1, GO TO B23b.
IF B1 < 3 AND B18b = 1 OR B19b = 1 GO TO B21a.

B21. Does your group’s EMR connect directly to the EMR at the main hospital which your physicians use?
   1. Yes
   2. No
   8. DK
   9. REF
IF A3 >= 20 GO TO B23a; ELSE GO TO B23

B21a. {Does your/Does your practice’s} EMR connect directly to the EMR at the main hospital which {you use?/your practice’s physician uses?}
   1. Yes
   2. No
   8. DK
   9. REF

GO TO B23b

B23. Finally, approximately what percentage, if any, of your physicians have electronic access to a pharmacy record of prescriptions filled by your patients?
   1. ENTER PERCENTAGE _____
   888. DK
   999. REF
IF B1 > 2 OR B23 = 0, GO TO B25
IF B1 < 3 AND B23 > 0, GO TO B24

B23a. Do most of your physicians have electronic access to a pharmacy record of prescriptions filled by your patients?
   1. Yes
   2. No
   8. DK
   9. REF
IF B1>2 OR B23a >1, GO TO B25a
IF B1<3 AND B23a = 1, go to B24

B23b. {Do you/Does your practice’s physician} have electronic access to a pharmacy record of prescriptions filled by {your patients?/his or her patients?}
   1. Yes
   2. No
   8. DK
   9. REF
IF B1>2 OR B23b >1, GO TO B25b.
IF B1<3 AND B23b =1, go to B24.

B24. And, is this accessible within an individual patient’s electronic medical record at your …
   IF A2>1 then <medical group’s>
   IF A2=1 then <practice’s>
   … office?
   1. Yes
   2. No
   8. DK
   9. REF

IF A3>=20 GO TO B25a
IF A3 = 1, GO TO B25b
ELSE TO TO B25

B25. Approximately what percentage, if any, of your physicians transmit prescriptions electronically directly to pharmacies via computer or PDA (personal digital assistant)?
   1. ENTER PERCENTAGE _____
   888. DK
   999. REF
GO TO B26

B25a. Do most of your physicians transmit prescriptions electronically directly to pharmacies via computer or PDA (personal digital assistant)?
   1. Yes
   2. No
   8. DK
   9. REF
GO TO B26a

B25b. {Do you/Does your practice’s physician} transmit prescriptions electronically directly to pharmacies via computer or PDA (personal digital assistant)?
   1. Yes
   2. No
   8. DK
   9. REF
GO TO B26b

B26. Approximately what percentage, if any, of your physicians communicate with patients via e-mail?
   1. ENTER PERCENTAGE _____
   888. DK
   999. REF
GO TO CINT
B26a. Do most of your physicians communicate with patients via e-mail?
   1. Yes
   2. No
   8. DK
   9. REF
GO TO CINT

B26b. (Do you/Does your practice’s physician) communicate with patients via e-mail?
   1. Yes
   2. No
   8. DK
   9. REF
GO TO CINT

C. Care Management and Clinical Practice

CINT: I'd like to ask you a few questions about processes your < IF A2>1 then “medical group”, IF A2=1 then “practice” > uses to care for patients with chronic illness.
IF A12 <> 1 GO to CINTb.
ELSE GO TO CINTa

CINTa. I’d also like to ask you some questions about whether an IPA or PHO provides help to < IF A2>1 then “medical group”, IF A2=1 then “practice” > in caring for patients with chronic illness.

CINTb. I will ask whether your < IF A2>1 then “medical group”, IF A2=1 then “practice” > maintains a simple LIST of patients with a particular illness OR whether your < IF A2>1 then “medical group”, IF A2=1 then “practice” > maintains an electronic REGISTRY.

We define an electronic registry as a list generated electronically that includes associated clinical data for each patient.

I will not be asking whether your < IF A2>1 then “medical group”, IF A2=1 then “practice” > could create a list or electronic registry, but rather whether it actually has such a list at present.

Please note that there is no right or wrong answer to these questions: many < IF A2>1 then “medical groups”, IF A2=1 then “physician practices” > do not have a list or a registry.

IF A8=A3 AND A11<=50, GO TO C3
C1. For a majority of the patients in your < IF A2>1 then “medical group”, IF A2=1 then “practice” > with asthma...
   IF C1a =1, SKIP C1b
   IF A12<>1, SKIP C1c
   C1a. does your < IF A2>1 then “medical group”, IF A2=1 then “practice” > maintain an electronic registry?
   C1b. does your < IF A2>1 then “medical group”, IF A2=1 then “practice” > maintain a list of patients?
   C1c. does an IPA or PHO provide you with a patient list?
   C1d. does one or more health plans provide you with a patient list?
      1. Yes
      2. No
      8. DK
      9. REF
C2. For a majority of the patients in your <IF A2>1 then “medical group”, IF A2=1 then “practice”> with CHF…
   IF C2a =1, SKIP C2b
   IF A12<>1, SKIP C2c
   C2a. does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> maintain an electronic registry?
   C2b. does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> maintain a list of patients?
   C2c. does an IPA or PHO provide you with a patient list?
   C2d. does one or more health plans provide you with a patient list?
      1. Yes
      2. No
      8. DK
      9. REF

C3. For a majority of the patients in your <IF A2>1 then “medical group”, IF A2=1 then “practice”> with depression…
   IF C3a =1, SKIP C3b
   IF A12<>1, SKIP C3c
   C3a. does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> maintain an electronic registry?
   C3b. does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> maintain a list of patients?
   C3c. does an IPA or PHO provide you with a patient list?
   C3d. does one or more health plans provide you with a patient list?
      1. Yes
      2. No
      8. DK
      9. REF

IF A9=A3 and A11<=50, GO TO CMM

C4. For a majority of the patients in your <IF A2>1 then “medical group”, IF A2=1 then “practice”> with diabetes….
   IF C4a =1, SKIP C4b
   IF A12<>1, SKIP C4c
   C4a. does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> maintain an electronic registry?
   C4b. does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> maintain a list of patients?
   C4c. does an IPA or PHO provide you with a patient list?
   C4d. does one or more health plans provide you with a patient list?
      1. Yes
      2. No
      8. DK
      9. REF

CMM. Does your practice have a process for systematically identifying high risk patients who are in need of extra attention?
      1. Yes
      2. No
      8. DK
      9. REF

IF A3 = 1, GO TO C5INTc.
C5INTa. I will now ask you some questions about the extent, if any, to which physicians in your group use certain specific care processes in the treatment of a particular illness.
IF A3 > SUM OF (A4 through A9), GO TO C5INTb; ELSE, GO TO C5INTd.

C5INTb. In responding to these questions, please think only about your physicians who are general internists, family physicians, general practitioners, cardiologists, pulmonologists, or endocrinologists.

C5INTc. I will now ask you some questions about the extent, if any, to which your practice uses certain specific care processes in the treatment of a particular illness.

C5INTd. Again, please note that there are no right or wrong answers to these questions, and that many < IF A2>1 then “medical groups”, IF A2=1 then “practices” > do not use any of the processes about which I am going to ask.

IF A3> SUM of (A4, A5, A6, A7, A8, A9), GO TO C5INTe. ELSE GO TO C5INTf.

IF A3 = 1, GO TO C5INTg.

C5INTe. Please consider the extent, if any, that your practice provides physicians in the specialties just mentioned with guideline-based reminders - that they see at the time they are seeing the patient - for services the patient should receive. An example would be a pop-up within an electronic medical record or an appropriate reminder attached to the front of the chart each time that they see the patient.

GO TO C5

C5INTf. Please consider the extent, if any, that your group provides physicians with guideline-based reminders - that they see at the time they are seeing the patient - for services the patient should receive. An example would be a pop-up within an electronic medical record or an appropriate reminder attached to the front of the chart each time that they see the patient.

GO TO C5

C5INTg. Please consider whether your practice provides {you/your practice’s physician} with guideline-based reminders – that {you see/he/she sees} at the time {you are/he/she is} seeing the patient – for services the patient should receive? An example would be a pop-up within an electronic medical record or an appropriate reminder attached to the front of the chart each time that {you see/he/she sees} the patient.

GO TO C5a

IF A8=A3 AND A11<=50 GO TO C7

C5. For approximately what proportion – if any – of your physicians who care for patients with asthma does your group provide these reminders?
1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF

GO TO C6

IF A8=A3 AND A11<=50 GO TO C7a

C5a. Does your practice provide these reminders for you for your patients with asthma?”
1. Yes
2. No
8. DK
9. REF

GO TO C6a

C6. For approximately what proportion – if any – of your physicians who care for patients with CHF does your group provide these reminders?
1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF
GO TO C7

C6a. Does your practice provide these reminders for you for your patients with CHF?"
   1. Yes
   2. No
   8. DK
   9. REF
GO TO C7

C7. For approximately what proportion - if any - of your physicians who care for patients with depression does your group provide these reminders?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF
IF A9=A3 and A11<=50, GO TO C9INT, ELSE GO TO C8

C7a. Does your practice provide these reminders for you for your patients with depression?
   1. Yes
   2. No
   8. DK
   9. REF
IF A9=A3 and A11<=50, GO TO C9INT, ELSE GO TO C8a

C8. For approximately what proportion - if any - of your physicians who care for patients with diabetes does your group provide these reminders?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF
GO TO C9INT

C8a. Does your practice provide these reminders for you for your patients with diabetes?
   1. Yes
   2. No
   8. DK
   9. REF
GO TO C9INT

C9INT.
IF A3>1 AND A12=1 GO TO C9INTb.
IF A3 = 1 AND A12<>1, GO TO C9INTc.
IF A3=1 AND A12=1, GO TO C9INTd.
A3 > 1 and A12 <> 1, GO TO C9INTa
C9INTa. We would like to know about the extent, if any, to which your group provides physicians with feedback on the quality of care they provide to their patients with chronic illness.

IF A8=A3 AND A11 <=50 GO TO C11, ELSE GO TO C9
C9INTb. We would like to know about the extent, if any, to which your group provides physicians with feedback on the quality of care they provide to their patients with chronic illness. We will first ask about the extent to which your group provides its physicians with feedback; then we will ask whether an IPA or PHO provides the individual physicians in your group and/or the group as a whole with feedback on the quality of care you provide.

IF A8=A3 AND A11 <=50 GO TO C11, ELSE GO TO C9

C9INTc. We would like to know whether your practice provides (you/the practice’s physician) with feedback on the quality of care (you provide/he/she provides) to patients with chronic illness.

IF A8=A3 AND A11 <=50 GO TO C11a, ELSE GO TO C9a

C9INTd. We would like to know whether your practice provides (you/the practice’s physician) with feedback on the quality of care (you provide/he/she provides) to patients with chronic illness. We will first ask about whether your practice provides (you/him/her) with feedback; then we will ask whether an IPA or PHO provides (you/him/her) with feedback.

IF A8=A3 AND A11 <=50 GO TO C11a, ELSE GO TO C9a

C9. Approximately what proportion – if any – of your physicians who care for patients with asthma receive data from your medical group on the quality of their care for patients with asthma?

1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF
GO TO C10

C9a. Does your practice provide (you/the practice’s physician) with data on the quality of (your/his/her) care for patients with asthma?

1. Yes
2. No
3. DK
4. REF
GO TO C10a

C10. Approximately what proportion – if any – of your physicians who care for patients with CHF receive data from your medical group on the quality of their care for patients with CHF?

1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF
GO TO C11

C10a. Does your practice provide (you/the practice’s physician) with data on the quality of (your/his/her) care for patients with CHF?

1. Yes
2. No
3. DK
4. REF
GO TO C11a

C11. Approximately what proportion – if any – of your physicians who care for patients with depression receive data from your medical group on the quality of their care for patients with depression?

1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF

IF A9=A3 and A11<=50, GO TO C13INT. ELSE GO TO C12

C11a. Does your practice provide {you/the practice’s physician} with data on the quality of {your/his/her} care for patients with depression?

1. Yes
2. No
3. DK
4. REF

IF A9=A3 and A11<=50, GO TO C13INT. ELSE GO TO C12a

C12. Approximately what proportion – if any – of your physicians who care for patients with diabetes receive data from your medical group on the quality of their care for patients with diabetes?

1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF

IF A12<>1, GO TO C17INT.
ELSE GO TO C13INT.

C12a. Does your practice provide {you/the practice’s physician} with data on the quality of {your/his/her} care for patients with diabetes?

1. Yes
2. No
3. DK
4. REF

IF A12<>1, GO TO C17INT.
ELSE GO TO C13INT.

C13INT. Does an IPA or PHO provide data to your medical group's individual physicians and/or to your practice as a whole on the quality of their care for patients with . . .

IF A3 = 1 AND A12 =1, SHOW: “Does an IPA or PHO provide data to you on the quality of your care for patients with . . .”

IF A8=A3 AND A11 <=50, GO TO C15

C13. asthma?

1. Yes
2. No
7. NA
8. DK
9. REF

C14. CHF?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C15. depression?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF A9=A3 and A11<=50, GO TO C17INT

C16. diabetes?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C17INT. To approximately what proportion, if any, of the patients with the following diseases does your <IF A2>1
 then “medical group”, IF A2=1 than “practice”> routinely send reminders for preventive or follow-up care?

IF A8=A3 AND A11<=50, GO TO C19

C17. asthma?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

C18. CHF?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

C19. depression?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

IF A9=A3 and A11<=50, GO TO C21INT
C20. diabetes?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

IF A12 <>1, GO TO C25INT
ELSE GO TO C21INT.

C21INT. Does an IPA or PHO routinely send reminders for preventive or follow-up care directly to a majority of your <IF A2>1 then “medical group’s”, IF A2=1 than “practice’s”> patients with…

IF A8=A3 AND A11<=50, GO TO C23

C21. asthma?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C22. CHF?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C23. depression?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF A9=A3 and A11<=50, GO TO C25INT

C24. diabetes?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C25INT. Does your <IF A2>1 then “medical group”, IF A2=1 than “practice”> have any non-physician staff, for example, nurses, dieticians, or health educators, who have time set aside to meet with and/or call patients to help educate them about managing their:

IF A8=A3 AND A11<=50, GO TO C27

C25. asthma?
   1. Yes
   2. No
C26. CHF?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C27. depression?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF A9=A3 AND A11 <= 50, GO TO C29INT

C28. diabetes?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF A12<>1, GO TO C33INT

C29INT. Does an IPA or PHO make available non-physician staff (for example, health educators dieticians, or nurses) to meet with and/or call your <IF A2>1 then “medical group’s”, IF A2=1 than “practice’s”> patients to help educate them in managing their:

IF A8=A3 AND A11<=50, GO TO C31
C29. asthma?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C30. CHF?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C31. depression?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF
IF A9=A3 and A11<=50, GO TO C33INT

C32. diabetes?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C33INT. We are also interested in whether your <IF A2>1 then “medical group”, IF A2=1 than “practice”> uses specially trained nurse care managers whose primary job is to coordinate and improve the quality of care for patients with chronic diseases. I am not asking about staff whose main task is inpatient utilization management – for example getting patients out of the hospital at the appropriate time.

C33INT2 Thinking about your <IF A2>1 then “medical group’s”, IF A2=1 than “practice’s”> patients with each of the following chronic illnesses, for approximately what proportion – if any – of these patients does your practice provide specially trained nurse care managers to coordinate and improve their quality of care?

IF A8=A3 AND A11<=50, GO TO C35

C33. For patients with severe asthma?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

C34. For patients with severe CHF?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

C35. For patients with severe depression?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

IF A9=A3 and A11<=50, GO TO C37INT

C36. For patients with severe diabetes?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

IF A12<>1, GO TO C41
C37INT. Does an IPA or PHO provide nurse care managers for your <IF A2>1 then “medical group’s”</IF> IF A2=1 than “practice’s”> patients with severe…

IF A8=A3 AND A11<=50, GO TO C39

C37. asthma?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C38. CHF?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C39. depression?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF A9=A3 and A11<=50, GO TO CNN

C40. diabetes?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF A3=1, GO TO C42INT

IF A3=2, GO TO CNN, OR
IF A3>2 AND A8=A3 AND A11 <=50, OR
IF A3>2 AND A7=A3 AND A11 <=50, OR
IF A3>2 AND A9=A3 AND A11 <=50, OR
IF A3>2 AND A7+A8+A9 = A3 AND A11 <=50
GO TO CNN.
ELSE GO TO C41

C41. Does your medical group use primary care teams, by which we mean a group of physicians and staff who meet with each other regularly to discuss the care of a defined group of patients and who share responsibility for their care?
   1. Yes
   2. No
   8. DK
   9. REF
CNN. Approximately how often do patients see their **personal physician**, or their **personal nurse practitioner or physician assistant** when they are seen in your practice?

1. More than 75% of the time
2. 50-75% of the time
3. 25-50% of the time
4. < 25% of the time

---

**Care Transitions**

C42INT. We would like to ask you several questions about transitions between inpatient and outpatient care for your **<IF A2>1 then “medical group’s”, IF A2=1 than “practice’s”>** patients. Please respond to these questions based on how transitions occur between your group and the primary hospital or hospitals to which (you admit/your practice’s physician admits) patients.

C42. Does your **<IF A2>1 then “medical group”, IF A2=1 than “practice”>** participate in a formal organized care transition program which improves transitions of care from hospital discharge to home care, nursing home care, or follow-up with the patient’s primary care physician or specialist?

1. Yes
2. No
8. DK
9. REF

C43. Does the primary hospital or hospitals to which your group’s patients are admitted notify the appropriate physician in your group within two hours of the patient’s admission?

1. Yes
2. No
8. DK
9. REF

C44. Does the primary hospital or hospitals to which your group’s patients are admitted notify the appropriate physician in your group within two hours of the patient’s admission to the emergency department?

1. Yes
2. No
8. DK
9. REF

C45. When one of your group’s patients is admitted to the hospital, does the appropriate physician in your group receive a hospital discharge summary within 48 hours of the time the patient was discharged?

1. Yes
2. No
8. DK
9. REF

C46. When one of your group’s patients is admitted to the emergency room, does the appropriate physician in your group receive an emergency room discharge summary within 48 hours of the time the patient was discharged?

1. Yes
2. No
8. DK
9. REF
C47. When one of your group’s patients is discharged from the hospital, does the patient’s physician or someone else in your organization contact the patient within 48 hours to make sure that appropriate support services are in place and to schedule a follow-up appointment?
   1. Yes
   2. No
   8. DK
   9. REF

C48. When one of your group’s patients is discharged from the hospital, does the patient’s physician or someone else in your organization contact the patient within 48 hours to make sure that the patient understands what medications to take?
   1. Yes
   2. No
   8. DK
   9. REF

COO. Does your practice have a formal system in place to track:
   a) all laboratory (eg blood and urine) tests ordered by one of your physicians until results are available to the clinician?
   b) referrals to specialists or other providers outside of your practice until the specialist or consultant report is received by the practice?

<table>
<thead>
<tr>
<th>Care Accessibility</th>
</tr>
</thead>
</table>

C49INT. Are you familiar with the relatively new method of scheduling patient appointments called “advanced access” or “open access”?
   1. Yes
   2. No
   8. DK
   9. REF

IF C49INT >1 GO TO C50.
IF A3=1 GO TO C49a.
IF A3>=20, GO TO C49b
ELSE GO TO C49

C49. Approximately what percentage, if any, of physicians in your medical group currently use the “advanced access” or “open access” scheduling method in an effort to offer same-day appointments to virtually all patients who want to be seen, regardless of the reason for which they want to be seen?
   1. ENTER PERCENTAGE_________
   8. DK
   9. REF

C49a. {Do you/Does your practice’s physician} currently use the “advanced access” or “open access” scheduling method in an effort to offer same-day appointments to virtually all patients who want to be seen, regardless of the reason for which they want to be seen?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO C50
C49b. Do most physicians in your medical group currently use the “advanced access” or “open access” scheduling method in an effort to offer same-day appointments to virtually all patients who want to be seen, regardless of the reason for which they want to be seen?
   1. Yes
   2. No
   8. DK
   9. REF

C50. On weekdays, is your <IF A2>1 then “medical group”, IF A2=1 than “practice”> open for patient appointments beyond the hours of 8 AM - 5 PM?
   1. Yes
   2. No
   8. DK
   9. REF

C51. Is your <IF A2>1 then “medical group”, IF A2=1 than “practice”> open for patient appointments on weekends?
   1. Yes
   2. No
   8. DK
   9. REF

C52. Does your <IF A2>1 then “medical group”, IF A2=1 than “practice”> use group visits in which multiple patients with chronic illness meet together with a trained clinician to obtain routine medical care and to address educational and psychosocial concerns?
   1. Yes
   2. No
   8. DK
   9. REF

---

**Care Quality Improvement**

C53INT. We are interested in whether or not your <IF A2>1 then “medical group”, IF A2=1 than “practice”> routinely uses any formal methods for quality improvement.

C53. Does your <IF A2>1 then “medical group”, IF A2=1 than “practice”> use any of the following formal and systematic quality improvement systems:
   C53a) Plan-Do-Study-Act (PDSA)
   C53b) Lean production techniques
   C53c) Six Sigma
   C53d) Quality improvement learning collaboratives
   C53) Other_________________________
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C56. In the past year, to what extent has your <IF A2>1 then “medical group”, IF A2=1 than “practice”> made new or additional investments in personnel or technology targeted specifically at improving patient satisfaction or experience and/or your quality of care?
   1. no investment
2. small investment
3. moderate investment
4. large investment
8. DK
9. REF

IF C56 = 1, GO TO C58INT

C57. What form did these investments take? Please choose as many of the following as are relevant: THIS IS MULTIPLE RESPONSE.
   1. adding staff dedicated to quality improvement activities
   2. training existing staff in quality improvement activities
   3. administering a patient satisfaction and/or experience survey or measure?
   4. other (please specify ______________________)
   8. DK
   9. REF

C57SPFY. “OTHER SPECIFY” ______________________________(100 char).

CPP. Does your practice survey some patients, at least once a year, about their experience of care with the practice?
   1. Yes
   2. No
   8. DK
   9. REF

Clinical Preventive Services and Health Promotion

C58INT. Now I would like to ask you some questions about disease prevention and health promotion.
   IF A7=A3 AND A11=50, GO TO C59
   IF A8=A3 AND A11=50, GO TO C59
   IF A9=A3 AND A11=50, GO TO C59
   ELSE GO TO C58

C58. First, I'd like to ask you a few questions about how your <IF A2>1 then “medical group”, IF A2=1 than “practice”> identifies patients in need of preventive care services. For a majority of female patients over age 50 in your <IF A2>1 then “medical group”, IF A2=1 than “practice”> for whom mammography is indicated for breast cancer screening . . .
   IF A12<>1, SKIP C58b

C58a. does your <IF A2>1 then “medical group”, IF A2=1 than “practice”> maintain a list of patients?
C58b. does an IPA or PHO provide you with a patient list?
C58c. does one or more health plans provide you with a patient list?
   1. Yes
   2. No
   8. DK
   9. REF

C59. For a majority of patients in your <IF A2>1 then “medical group”, IF A2=1 than “practice”>, is there a formal system in place at every visit to identify patients who use tobacco (e.g. a pop-up in the electronic medical record, a sticker on the chart, or routine recording of smoking as a vital sign)?
IF B1>2, SHOW: For a majority of patients in your medical group, is there a formal system in place at every visit to identify patients who use tobacco (e.g., a sticker on the chart, or routine recording of smoking as a vital sign)?
1. Yes
2. No
8. DK
9. REF

IF A3=1, GO TO C60INTa

C60INT. Clinical Practice Guidelines
We would like to know about the extent, if any, to which your medical group provides your physicians with guideline-based reminders – that they see at the time they are seeing the patient – for preventive services the patient should receive. An example would be a pop-up within an electronic medical record or an appropriate reminder attached to the front of the chart each time that they see the patient.

IF B1>2, SHOW: We would like to know about the extent, if any, to which your medical group provides your physicians with guideline-based reminders – that they see at the time they are seeing the patient – for preventive services the patient should receive. An example would be an appropriate reminder attached to the front of the chart each time that you see the patient.

IF A7=A3 AND A11<=50, GO TO C61
IF A8=A3 AND A11<=50, GO TO C61
IF A9=A3 AND A11<=50, GO TO C61
IF [A7+A8+A9] = A3 AND A11<=50, GO TO C61
ELSE GO TO C60.

C60INTa. We would like to know about whether your practice provides you with guideline-based reminders - that you see at the time you are seeing the patient - for preventive services the patient should receive. An example would be a pop-up within an electronic medical record or an appropriate reminder attached to the front of the chart each time that you see the patient.

IF B1>2, SHOW: We would like to know about whether your practice provides you with guideline-based reminders - that you see at the time you are seeing the patient - for preventive services the patient should receive. An example would be an appropriate reminder attached to the front of the chart each time that you see the patient.

IF A7=A3 AND A11<=50, GO TO C61a
IF A8=A3 AND A11<=50, GO TO C61a
IF A9=A3 AND A11<=50, GO TO C61a
ELSE GO TO C60a

C60. For approximately what proportion - if any - of your physicians do you provide these reminders for breast cancer screening?
1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF
GO TO C61

C60a. Does your practice provide you with these reminders for breast cancer screening?
1. Yes
2. No
3. DK
4. REF
GO TO C61a

C61. For approximately what proportion - if any - of your physicians do you provide these reminders for tobacco cessation interventions?
   1. None
   2. Less than half
   3. Half or more
   4. All
   5. DK
   6. REF
GO TO C62NT

C61a. Does your practice provide {you/the practice’s physician} with these reminders for tobacco cessation screening?
   1. Yes
   2. No
   3. DK
   4. REF

C62NT.
   IF A2 > 1 and A12<>1, SHOW: We would like to know about the extent, if any, to which the physicians in your medical group are provided feedback on the quality of the preventive care they deliver to their patients.
   IF A2 > 1 and A12=1, SHOW: We would like to know about the extent, if any, to which your medical group provides physicians with feedback on the quality of the preventive care they deliver to their patients. We will first ask about the extent to which your group provides its physicians with feedback; then we will ask whether an IPA or PHO provides the individual physicians in your practice and/or the practice as a whole with feedback on the quality of preventive care delivered.
   IF A2=1 AND A12<>1, SHOW: We would like to know whether your practice provides {you/the practice’s physician} with feedback on the quality of preventive care {you provide/she/he provides} to patients.
   IF A2=1 AND A12=1, SHOW: We would like to know whether your practice provides {you/the practice’s physician} with feedback on the quality of preventive care {you provide/she/he provides} to patients. We will first ask about whether your practice provides {you/him/her} with feedback; then we will ask whether an IPA or PHO provides {you/him/her} with feedback.
   IF A7=A3 AND A11<=50, GO TO C63
   IF A8=A3 AND A11<=50, GO TO C63
   IF A9=A3 AND A11<=50, GO TO C63
   IF A3=1, GO TO C62a
   ELSE GO TO C62

GO TO C62

C62. For approximately what proportion of your physicians – if any - does your medical group routinely provide data on the quality of their preventive care regarding breast cancer screening (mammography) for women over age 50?
   1. None
   2. Less than half
   3. Half or more
   4. All
   5. DK
   6. REF
GO TO C63

C62a. Does your practice routinely provide {you/the practice’s physician} with data on the quality of {your/his/her} preventive care regarding breast cancer screening (mammography), for women over age 50?
   1. Yes
2. NO
8. DK
9. REF
GO TO C63a

C63. For approximately what proportion of your physicians – if any - does your medical group routinely provide data on the quality of their preventive care regarding provision of tobacco cessation interventions for patients who use tobacco?
   1. None
   2. Less than half
   3. Half or more
   4. All
   8. DK
   9. REF

IF A12<>1, GO TO C66INT; ELSE GO TO C64INT.

C63a. Does your practice routinely provide {you/the practice’s physician} with data on the quality of {your/his/her} preventive care regarding provision of tobacco cessation interventions for patients who use tobacco?
   1. Yes
   2. NO
   8. DK
   9. REF

IF A12<>1, GO TO C66INT

C64INT. Does an IPA or PHO provide data to your medical group’s individual physicians and/or to your medical group as a whole on the quality of their preventive care for patients in the following categories…

IF A3 = 1, SHOW: Does an IPA or PHO provide data to {you/the practice’s physician} on the quality of {your/his/her} preventive care for patients in the following categories?

IF A7=A3 AND A11<=50, GO TO C65
IF A8=A3 AND A11<=50, GO TO C65
IF A9=A3 AND A11<=50, GO TO C65
ELSE GO TO C64

C64. Breast cancer screening for women over age 50?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

C65. The provision of tobacco cessation interventions for patients who use tobacco?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF A7=A3 AND A11<=50, GO TO C68
IF A8=A3 AND A11<=50, GO TO C68
IF A9=A3 AND A11<=50, GO TO C68
ELSE GO TO C66INT
C66INT.
To approximately what proportion of the patients in the following categories does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> routinely send reminders for preventive services?

C66. Women over the age of 50 for whom mammograms are indicated to screen for breast cancer?
1. None
2. Less than half
3. Half or more
4. All
8. DK
9. REF

IF A12 <> 1, GO TO C68.
C67. Does an IPA or PHO routinely send reminders to a majority of women over the age of 50 in your <IF A2>1 then “medical group”, IF A2=1 then “practice”> regarding mammograms to screen for breast cancer?
1. Yes
2. No
7. NA
8. DK
9. REF

C68. Does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> have any non-physician staff, for example, nurses, dieticians, or health educators, who have time set aside to meet with and/or call patients to help educate them about diet, exercise, and/or tobacco or excessive alcohol use?
1. Yes
2. No
7. NA
8. DK
9. REF

IF A3>1 AND A12<>1, GO TO C70
IF A3=1 AND A12<>1, GO TO C70a
ELSE GO TO C69

C69. Does an IPA or PHO make available non-physician staff, for example, health educators dieticians, or nurses to meet with and/or call your <IF A2>1 then “medical group’s”, IF A2=1 then “practice’s”> patients to help educate them about diet, exercise, and/or tobacco or excessive alcohol use?
1. Yes
2. No
7. NA
8. DK
9. REF

IF A3=1, GO TO C70a

C70. To what extent, if any, have the physicians in your medical group participated in formal training programs to improve their skills in the areas of patient communication and/or cultural competence? Please choose one of the following statements.
1. our physicians have had little or no formal training
2. our physicians have had some formal training
3. our physicians have had a great deal of formal training
8. DK
9. REF

GO TO C71
C70a. To what extent, if any, {have you/has your practice’s physician} participated in formal training programs to improve {your/his/her} skills in the areas of patient communication and/or cultural competence? Please choose one of the following statements.

1. I have had little or no formal training.
2. I have had some formal training.
3. I have had a great deal of formal training.
8. DK
9. REF

C71. For a majority of your patients who use tobacco, does your <IF A2>1 then “medical group”, IF A2=1 then “practice”> routinely offer referral to a tobacco counseling program?

1. Yes
2. No
7. NA
8. DK
9. REF

D. Relationships with Health Insurance Plans

DINT. I have a few questions for you regarding health insurance plan activities in chronic illness and preventive care. In answering these questions, please think about the major health plans that insure your patients.

DINTb. Do any of these health insurance plans provide data to the physicians in your medical group on:

IF A3 = 1, SHOW: Do any of these health insurance plans provide data to {you/your practice’s physician} on

IF A3=1, GO TO D1a

D1. the quality of your physicians’ preventive care and/or care for patients with chronic illness?

1. Yes
2. No
8. DK
9. REF

GO TO D3INT

D1a. the quality of {your/his/her} preventive care and/or of {your/his/her} care for patients with chronic illness?

1. Yes
2. No
8. DK
9. REF

D3INT. Do any of these health insurance plans routinely:

D3. send reminders for preventive or follow-up care directly to your <IF A2>1 then “medical group’s”, IF A2=1 then “practice’s”> patients with chronic illness?

1. Yes
2. No
8. DK
9. REF

IF A7=A3 AND A11<=50, GO TO D5
IF A8=A3 AND A11<=50, GO TO D5
IF A9=A3 AND A11<=50, GO TO D5
ELSE GO TO D4

D4. send reminders for preventive care directly to other patients in your <IF A2>1 then “medical group”, IF A2=1 then “practice”> (for example, to women who are due for mammograms)?

1. Yes
D5. Make available non-physician staff (for example, health educators, dieticians, or nurses) who are specially trained and designated to educate patients in managing their illness to your <IF A2>1 then “medical group’s”, IF A2=1 then “practice’s”> patients with chronic illness?
   1. Yes
   2. No
   8. DK
   9. REF

D6. Make available non-physician staff (for example, health educators and nurses) who are specially trained and designated to educate and counsel patients about tobacco cessation?
   1. Yes
   2. No
   8. DK
   9. REF

D7. Provide nurse care managers for your <IF A2>1 then “medical group’s”, IF A2=1 then “practice’s”> patients with severe chronic illness? By "nurse care manager" I mean someone whose primary job is to coordinate and improve the quality of care for patients with chronic diseases. I am not asking about nurses whose main task is inpatient utilization management – e.g. getting patients out of the hospital at the appropriate time.
   1. Yes
   2. No
   8. DK
   9. REF

E. Performance Incentives

E1INT. Now I have some questions for you about performance reporting and incentives.

IF A3= 1, GO TO E1a

E1. Is your medical group or its physicians evaluated by external entities such as health insurance plans on measures of patient satisfaction and/or experience with the medical group or its physicians?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO E3

E1a. {Are you/Is your practice’s physician} evaluated by external entities such as health insurance plans on measures of patient satisfaction and/or experience with the practice or with {yourself/himself/herself}?
   1. Yes
   2. No
   8. DK
   9. REF

GO TO E3a

E3. Are data on patient satisfaction and/or experience with your medical group or its physicians publicly reported by health plans or other external entities?
   1. Yes
   2. No
E3. Are data on patient satisfaction and/or experience with your practice or with {you/the practice’s physician} publicly reported by health plans or other external entities?
   1. Yes
   2. No
   8. DK
   9. REF
IF E3 = 1 GO TO E4,
ELSE GO TO E5

E3a. Are data on patient satisfaction and/or experience with your practice or with {you/the practice’s physician} publicly reported by health plans or other external entities?
   1. Yes
   2. No
   8. DK
   9. REF
IF E3a = 1 GO TO E4a,
ELSE GO TO E5a

E4. During meetings of the physicians in your medical group, how often – if ever - are data or reports on patient satisfaction and/or experience from health plans or other external entities discussed?
   1. Never
   2. Infrequently
   3. Often
   8. DK
   9. REF
GO TO E5

E4a. During meetings in your practice, how often – if ever - are data or reports on patient satisfaction and/or experience from health plans or other external entities discussed?
   1. Never
   2. Infrequently
   3. Often
   8. DK
   9. REF
GO TO E5a

E5. Is your medical group or its physicians evaluated by external entities such as health insurance plans on measures of clinical quality, such as HEDIS measures?
   1. Yes
   2. No
   8. DK
   9. REF
GO TO E7

E5a. {Are you/Is your practice’s physician} or your practice evaluated by external entities such as health insurance plans on measures of clinical quality, such as HEDIS measures?
   1. Yes
   2. No
   8. DK
   9. REF
GO TO E7a

E7. Are data on the clinical quality of care provided by your medical group or its physicians publicly reported by health plans or other external entities?
   1. Yes
   2. No
   8. DK
   9. REF
IF E7 = 1 GO TO E8
ELSE GO TO E13

E7a. Are data on the clinical quality of care provided by you or your practice publicly reported by health plans or other external entities?
   1. Yes
   2. No
   8. DK
   9. REF
IF E7a = 1 GO TO E8a
ELSE GO TO E13a

E8. During meetings of the physicians in your medical group, how often – if ever – are these data or reports about clinical quality from health plans or other external entities discussed?
   1. Never
   2. Infrequently
   3. Often
   8. DK
   9. REF
GO TO E13

E8a. During meetings in your practice, how often – if ever - are data or reports on clinical quality from health plans or other external entities discussed?
   1. Never
   2. Infrequently
   3. Often
   8. DK
   9. REF
GO TO E13a

E13. To the best of your knowledge, how often do the patients in your medical group ask about or discuss public reports on quality and/or patient satisfaction and/or experience with your physicians or non-physician staff?
   1. Never
   2. Infrequently
   3. Often
   8. DK
   9. REF
GO TO E14

E13a. To the best of your knowledge, how often do the patients in your practice ask about or discuss public reports on quality and/or patient satisfaction and/or experience with {you/your practice’s physician} or non-physician staff?
   1. Never
   2. Infrequently
   3. Often
   8. DK
   9. REF

E14. During the past year, did your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> have the opportunity to receive additional income from health plans or other external entities for scoring well on measures of clinical quality, such as HEDIS and/or on measures of patient satisfaction and/or experience? Please do not include income from Medicare’s physician reporting program.
   1. Yes
   2. No
   8. DK
   9. REF
E16. During the past year, was your <IF \text{A2} >1 then “medical group”, IF \text{A2}=1 then “practice”> involved in any program that rewards physicians with \textbf{bonus income} from \textbf{external entities} based on your adoption of use of \textbf{information technology}? Please do not consider the “meaningful use” program of Medicare and Medicaid. We are asking whether your <IF \text{A2} >1 then “MEDICAL GROUP”, IF \text{A2}=1 then “PRACTICE”> participated in programs in addition to this.

1. Yes
2. No
8. DK
9. REF

IF E14 >1 AND E16 >1, GO TO E20,

E17. During the past year, approximately what percent, if any, of your <IF \text{A2}>1 then “medical group’s”, IF \text{A2}=1 then “practice’s”> annual revenue came from bonus income for patient satisfaction and/or experience, clinical quality and use of information technology? Please do not consider “meaningful use” payments from the Medicare or Medicaid programs as bonus income; we are asking whether <IF \text{A2}>1 then “your medical group”, IF \text{A2}=1 then “your practice”> received any bonus income in addition to this.

1. Enter percent _______
888. DK
999. REF

E20. During the past year, did your practice have the opportunity to receive additional income from \textbf{health plans or other external entities} for scoring well on measures of \textbf{efficient utilization of resources}? For example, reducing inpatient hospital days.

1. Yes
2. No
8. DK
9. REF

IF E20 >1, GO TO E23

E21. During the past year, approximately what percent, if any, of your <IF \text{A2}>1 then “medical group’s”, IF \text{A2}=1 then “practice’s”> annual revenue did bonus income for efficient utilization of resources constitute?

1. ENTER PERCENTAGE ___
888. DK
999. REF

E23 During the past year, if your practice scored well on \textbf{HEDIS tobacco cessation measures}, was it eligible for additional income from \textbf{health plans or other external entities}?

1. Yes
2. No
7. NA
8. DK
9. REF

F. Revenue Sources and Compensation Methods

\begin{itemize}
\item \textbf{F1a.} Approximately what percent of your <IF \text{A2}>1 then “medical group’s”, IF \text{A2}=1 then “practice’s”> annual revenues for patient care come from each of the following major sources of insurance coverage: commercial health insurance, Medicare, Medicaid, other insurance such as workers’ compensation or no insurance? We understand that you will not know the exact numbers, so please just give us your best estimate. [INTERVIEWER: PLEASE PROBE UNTIL THE CATEGORIES ADD UP TO 100%.]
\item \textbf{F1. } Commercial health insurance \hfill \%
\item \textbf{F2. } Medicare \hfill \%
\end{itemize}
<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>F4</td>
<td>Other insurance (e.g. workers’ compensation)</td>
<td>%</td>
</tr>
<tr>
<td>F5</td>
<td>No insurance – low income patients</td>
<td>%</td>
</tr>
<tr>
<td>F6</td>
<td>No insurance – middle or upper income patients</td>
<td>%</td>
</tr>
<tr>
<td>F6a</td>
<td>Other, specify</td>
<td>%</td>
</tr>
</tbody>
</table>

F1 through F6a should SUM to 100%

F7. Approximately what percentage of your <IF A2>1 then “medical group’s”, IF A2 = 1 then “practice’s”> annual revenues, if any, comes from HMO insurance plans? Please include revenues from commercial health plan HMOs, Medicare HMOs, and Medicaid HMOs.

IF NECESSARY: A health maintenance organization (HMO) is an organization that provides or arranges managed care for health insurance, self-funded health care benefit plans, individuals and other entities in the United States as a liaison with health care providers (hospitals, doctors, etc.) on a prepaid basis.

ENTER PERCENT: _______________________

F12INT. During your most recent fiscal year, for approximately what percent of your <IF A2>1 then “medical group’s”, IF A2 = 1 then “practice’s”> HMO and POS (Point of Service) patients did you accept some of the financial risk (e.g., capitation payment) for…

[NOTE THAT THESE PERCENTAGES NEED NOT SUM TO 100%]

<table>
<thead>
<tr>
<th></th>
<th>primary care costs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>F12</td>
<td>specialist costs</td>
<td>%</td>
</tr>
<tr>
<td>F14</td>
<td>hospital costs</td>
<td>%</td>
</tr>
</tbody>
</table>

IF A3 = 1, GO TO HINT.

F15a. I am now going to ask you some questions about how you pay your individual physicians. We are interested in what percent of compensation you pay them based on each of five categories:

[NOTE THAT YOU ARE SIMPLY READING THEM THE CATEGORIES HERE. THEY SHOULD NOT BE ANSWERING YET.]

<table>
<thead>
<tr>
<th>base salary, which we define as compensation not directly tied to patient visits or charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>productivity, which is measured by patient visits or charges</td>
</tr>
<tr>
<td>patient satisfaction and/or experience</td>
</tr>
<tr>
<td>clinical quality of care</td>
</tr>
<tr>
<td>Other, (such as efficient use of resources, generic prescribing, reducing inpatient days, etc.)</td>
</tr>
</tbody>
</table>

IF A4=0 AND A5=0 AND A6=0, GO TO F21.

F15INTROb. For the majority of your individual primary care physicians, what is the percent of total compensation from your medical group that is based on …

<table>
<thead>
<tr>
<th></th>
<th>base salary</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>F15</td>
<td>Productivity</td>
<td>%</td>
</tr>
<tr>
<td>F16</td>
<td>patient satisfaction and/or experience</td>
<td>%</td>
</tr>
<tr>
<td>F18</td>
<td>clinical quality of care</td>
<td>%</td>
</tr>
<tr>
<td>F19</td>
<td>other factors, specify</td>
<td>%</td>
</tr>
</tbody>
</table>
F21. For the majority of your individual specialty physicians what is the average percent of total compensation from your medical group that is based on …?

F21. base salary %
F22. Productivity %
F24. patient satisfaction/ patient experience %
F25. clinical quality of care %
F26. other factors, (such as efficient use of resources, generic prescribing, reducing inpatient days, etc.), specify %

F27. Is your internal payment scheme for individual physicians based wholly, or in part, on any of the following:

F27a. measures of quality, patient experience, or resource utilization contained in reports produced by major payers or health care plans?
F27b. measures of quality, patient experience, or resource utilization contained in reports produced by local health care delivery systems?
F27c. measures of quality, patient experience, or resource utilization contained in reports produced by local health care alliances or collaboratives?
   1. Yes
   2. No
   8. DK
   9. REF

HINT. We are just about finished – I have a few final questions:

IF A3 = 1, GO TO H5INTa

H5INT. To what extent do you believe that the majority of physicians in your practice would agree with each of the following statements? Would they strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with each?
GO TO H5

H5INTa. To what extent do you agree with each of the following statements? Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with each?
GO TO H5a
H5. To what extent would they agree that the practice does a good job of assessing patient needs and expectations?
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF
GO TO H6

H5a. To what extent do you agree that the practice does a good job of assessing patient needs and expectations?
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF
GO TO H6a

H6. To what extent would they agree that staff promptly resolve patient complaints?
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF
GO TO H7

H6a. To what extent do you agree that staff promptly resolve patient complaints?
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF
GO TO H7a

H7. To what extent would they agree that patients’ complaints are studied to identify patterns and prevent the same problems from recurring?
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF
GO TO H8

H7a. To what extent do you agree that patients’ complaints are studied to identify patterns and prevent the same problems from recurring?
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree 
5. Strongly Agree 
8. DK 
9. REF 

GO TO H8a 

H8. To what extent would they agree that the practice uses data from patients to improve care? 
1. Strongly Disagree 
2. Disagree 
3. Neither Agree nor Disagree 
4. Agree 
5. Strongly Agree 
8. DK 
9. REF 

GO TO H9a 

H8a. To what extent do you agree that the practice uses data from patients to improve care? 
1. Strongly Disagree 
2. Disagree 
3. Neither Agree nor Disagree 
4. Agree 
5. Strongly Agree 
8. DK 
9. REF 

GO TO H9 

H9. To what extent would they agree that the practice uses data on patient expectations and/or experience when developing new services? 
1. Strongly Disagree 
2. Disagree 
3. Neither Agree nor Disagree 
4. Agree 
5. Strongly Agree 
8. DK 
9. REF 

GO TO J1INT 

H9a. To what extent do you agree that the practice uses data on patient expectations and/or experience when developing new services? 
1. Strongly Disagree 
2. Disagree 
3. Neither Agree nor Disagree 
4. Agree 
5. Strongly Agree 
88. DK 
99. REF 

GO TO J1INT 

J. Patient-Centered Medical Homes and Accountable Care Organizations
J1INT. The Patient-Centered Medical Home and the Accountable Care Organization are two models of practice that were described in the large health reform bill passed by Congress in 2010. We have a few questions for you about these practice models.

J1. Has your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> received recognition as a Patient-Centered Medical Home from the National Committee for Quality Assurances (NCQA)?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF J1> 1 GO TO J2

J1a. What level of recognition have you received?
   1. Level 1
   2. Level 2
   3. Level 3
   8. DK
   9. REF

J2. Has your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> received recognition or certification as a Patient-Centered Medical Home by any organization other than NCQA?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

IF J2=1 OR J1=1GO TO J4

J3. Is your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> planning to attempt to receive medical home recognition or certification from the NCQA or any other organization during the next year?
   1. Yes
   2. No
   7. NA
   8. DK
   9. REF

J4. Has your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> applied to CMS to become an accountable care organization (ACO) in 2012?
   1. Yes
   2. No
   8. DK
   9. REF

IF J4>1 GO TO J4b

J4a. Have you applied to:
   a) The advanced payment program
   b) The pioneer program
   c) The general Medicare shared-savings program

   1. Yes
   2. No
   8. DK
   9. REF
GO TO J10

J4b. How likely is it that you will apply to CMS, under their shared savings programs, within the next 12 months?
1. Definitely not likely
2. Probably not likely
3. Somewhat Likely
4. Probably likely
5. Definitely likely

J5. Does your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> have a signed agreement with a private health insurance plan to become an accountable care organization (ACO) in 2012?
   1. Yes
   2. No
   8. DK
   9. REF
IF J5 =1, GO TO J10.

J5a. Does your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> have plans to sign an agreement with a private health insurance plan within the next 12 months?
   1. Yes
   2. No
   8. DK
   9. REF

Go to J13

J10. Which of the following does the ACO include?
   J10a. Groups with fewer than 20 physicians
   J10b. Groups with 20 or more physicians
   J10c. one or more hospitals
   J10d. one or more nursing homes
   J10e. one or more home health agencies
   J10f. Other __________________________
   1. Yes
   2. No
   8. DK
   9. REF

J11. Who primarily governs the ACO?
   1. Physicians
   2. A hospital or hospital system
   3. Shared physician-hospital governance
   4. Other (please specify):________________________

J12. In your judgment, at this point in time, how well prepared is the ACO to:
   J12a. Implement the Meaningful Use Criteria for Electronic Medical Records?
   J12b. Collect, analyze and report on the required quality of care and cost performance measures?
1. Not at all prepared
2. Very little prepared
3. Somewhat prepared
4. Very well prepared
8 DK
9. REF

J13. Some medical groups receive assistance from outside organizations (other than health plans, IPAs and PHOs) for such things as developing a disease registry, providing specially trained nurse care managers, or developing a patient self management program. Does your practice receive such assistance?

1. Yes
2. No
1. DK
2. REF

IF J13=1, THEN ASK J13a

J13a. From whom does it receive such assistance?
Enter name of organization:___________________________________

IF SITEID = 15 or 16 GO TO L1

K. Site-specific questions

K1. [IF SITEID=12] Are you aware of the Better Health Greater Cleveland’s quality reporting through its Community Health Checkup which is available at www.betterhealthcleveland.org?

[IF SITEID IN (1-11, 13-14)] Are you aware of the healthcare provider quality report(s), <fill “Name(s) of Report,”> sponsored by <Reporting Organization>, which is available at <fill “website”>?

INTERVIEWER: IF NEEDED: <fill link>

1. Yes
2. No
8. DK
9. REF

IF K1 =1 AND (E3=1 OR E3a=1 OR E7=1 OR E7a=1) GO K2
ELSE IF K1 > 1 GO TO L1

K2. [IF SITEID IN (2,4,6-18)] Are clinical quality and/or patient experience measures for your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> or any of your physicians reported in <fill “Name(s) of Report,”> sponsored by <Reporting Organization>?

[IF SITEID IN (1)] Are clinical quality measures for your <IF A2>1 then “medical group”, IF A2 = 1 then “practice”> or any of your physicians reported in <fill “Name(s) of Report,”> sponsored by <Reporting Organization>?

[IF SITEID IN (3)] Are clinical quality and/or patient experience measures for your group/practice or any of your physicians reported in the website http://healthcarequalitymatters.org/ sponsored by Healthy Memphis Common Table?

[IF SITEID IN (5)] Are clinical quality and/or patient experience measures for your group/practice or any of your physicians reported in the Reaching for Excellence website and the portal physicians have available to them at www.p2quality.com sponsored by P2 Collaborative of Western NY?
1. Yes
2. No
8. DK
9. REF

Closing

IF A3=1 OR A3>5 GO TO VERIFY ADDRESS

L1. I have one final question for you. Drs. Shortell and Casalino would like to know the names of the physicians in your practice to make sure we are up to date on your practice.

(INTERVIEWER: STOP HERE AND SEE IF THE RESPONDENT PROVIDES THE NAMES. IF THEY DON’T OR HESITATE ONLY THEN ADD THE FOLLOWING SENTENCE)

They would never reveal these names to anyone, just as they would never reveal your name or the name of your practice. They will not contact the physicians in your practice. But knowing who the physicians in practices are might help with future research. So, may I ask you to give me the names of the physicians in your practice? (INTERVIEWER: PLEASE VERIFY SPELLING BY READING BACK TO PHYSICIAN.)

Name1____________________________________________
Name2________________________________________________
Name3________________________________________________
Name4________________________________________________
Name5________________________________________________

Verify Address

M1. Thank you for your time. We will send you the $200 check as soon as we verify your contact information. You should expect to receive the check within two to three weeks.

1. CONTINUE

M2a: I just need to verify your name and title for our records.
INTERVIEWER: VERIFY OR OBTAIN REQUESTED INFORMATION.

M2a1. First name: <fill from POC roster line>
   1. Correct – GO TO M2a2
   2. Incorrect

M2a1b. (What is your first name?)
ENTER NAME:

M2a2. Last name: <fill from POC roster line>
   1. Correct – GO TO M2a3
   2. Incorrect

M2a2b. (What is your last name?)
ENTER NAME:

**M2a3. Title:** <fill from POC roster line>
1. Correct – GO TO M2a4
2. Incorrect

**M2a4. SELECT A TITLE CODE:**
1. President
2. CEO
3. Senior Partner
4. Medical Director
5. Lead Physician
6. Practice/Office Manager
7. Practice/Chief Administrator
8. Physician, but not lead
9. Other, specify:_____________

**M2a5. Do you have an MD/DO?**
1. Yes
2. No

**M3fINTRO1. Should the check be made out to you or someone else?**
1. ME (PERSON ON THE PHONE) – GO TO M3fINTRO2
2. Someone else

**M3fINTRO1b. What name should we list?**
ENTER NAME: _____________________

**M3fINTRO2. Would you like your check sent to your business address or a different address such as your home?**
1. Business address – Go to M5
2. Different address

**M4a. (What is the first address line?)**
ENTER ADDRESS:

**M4b. (What is the second address line?)**
ENTER ADDRESS:

**M4c. (What is the city?)**
ENTER CITY:

**M4d. (What is the state?)**
ENTER STATE:

**M4e. (What is the zipcode?)**
ENTER ZIPCODE:

**M5INTRO. We will send the check to the address you just gave me, but I need to verify the address of your medical group/practice for our records so that we make sure we do not interview anyone else from this organization.**

**M5. VERIFY BUSINESS NAME:** <fill A1>
1. Correct – GO TO M6
2. Incorrect

**M5b.** (What is the name of the business?)
ENTER NAME:

**M6.** VERIFY STREET ADDRESS 1: <fill prev_staddress1>
   1. Correct – GO TO M7
   2. Incorrect

**M6b.** (What is the street address?)
ENTER ADDRESS:

**M7.** [IF prev_staddress2; ELSE go to M7]. VERIFY STREET ADDRESS 2: <fill prev_staddress2>
   1. Correct – GO TO M8
   2. Incorrect

**M7b.** (What is the second address line?)
ENTER ADDRESS:

**M8.** VERIFY CITY: <fill prev_city>
   1. Correct – GO TO M9
   2. Incorrect

**M8b.** (What is the city?)
ENTER CITY:

**M9.** VERIFY STATE: <fill prev_st>
   1. Correct – GO TO M10
   2. Incorrect

**M9b.** (What is the state?)
ENTER STATE:

**M10.** VERIFY ZIPCODE: <fill prev_zip>
   1. Correct – GO TO M11
   2. Incorrect

**M10b.** (What is the zipcode?)
ENTER ZIPCODE:

**M11.** VERIFY PHONE: <fill prev_resp_phone>
   1. Correct – GO TO M12
   2. Incorrect

**M1b.** (What is the best phone number to reach you at?)
ENTER PHONE:

**M12.** Would you like to provide a fax number?
   1. ENTER NUMBER:
   2. REFUSE

**M13.** Once we have completed interviews with all of the participating physician practices nationally, we will send you a summary feedback report that you can use for benchmarking and to compare your practice with others around
the country. May we have your email address for this purpose? Your email address will not be sold or distributed in any fashion.

INTERVIEWER: IT IS ACCEPTIBLE TO ENTER THE ADDRESS OF A SECRETARY/ADMIN

ENTER E-MAIL ADDRESS:

END INTERVIEW AND ASSIGN EVENTID 295 – Completed interview

TERM1: Thank you very much; the specialty mix of your practice makes it ineligible for the study. ASSIGN EVENT CODE AS XXX – SUBJECT INELIGIBLE – WRONG SPECIALTY MIX

TERM3: Thank you very much for your time.
eAppendix B. Attributing Beneficiaries to Practices

Following the Center for Medicare and Medicaid Services (CMS) method for assigning beneficiaries to ACOs\textsuperscript{a} we used Part B Outpatient and Carrier file Medicare claims for 2012 to identify beneficiaries who had any primary care service with a physician belonging to an NSPO3 practice (as determined by physician NPI).

**Result => 3,789,683 unique beneficiaries**

We then applied study eligibility criteria including:
- $\geq 65$ as of January 1, 2011
- Not identified as ESRD in 2011 or 2012
- Had continuous coverage in Parts A and B in 2011-2012
- Had no Medicare Advantage coverage in 2011-2012
- Were alive as of December 31, 2012
- Resided in United States or its territories

**Result => 2,569,384 unique beneficiaries**

We used the resulting finder file to identify all primary care services received for these beneficiaries, from any provider, as listed in the Part B Outpatient and Carrier file Medicare claims for 2012. Beneficiaries were assigned to an NSPO3 practice if the sum of allowed charges for primary care services at that practice was greater than the sum of allowed charges for services received by all other practices combined. Ties were excluded.

**Result => 919,414 unique beneficiaries assigned to 1320 practices**

We then excluded NSPO3 practices with $<15\%$ primary care physicians in the practice.

**Result => 868,213 unique beneficiaries assigned to 1040 practices**

\textsuperscript{a}CMS. Medicare Shared Savings Program Shared Savings and Losses and Assignment Methodology Specifications. Version 4, December 2015.
### Health Information Technology Index (range: 0-14 points, Cronbach’s alpha=0.54)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Electronic Documentation</strong></td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td>- Practice makes available an electronic medical record (EMR) that contains the patient’s medications</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians in the practice use the EMR for the patient’s problem list</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians in the practice use the EMR for progress notes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Clinical Decision Support</strong></td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians in the practice use the EMR for potential drug interactions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians in the practice use the EMR for prompts and reminders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians in the practice use the EMR for alerts on abnormal test results</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Quality Measurement</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>- Practice uses EMR to collect data for clinical quality measures</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Physician order entry</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians in the practice transmit prescriptions electronically</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>Electronic access to data</strong></td>
<td>0-4</td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians have electronic access to clinical information on patient ER visits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians have electronic access to clinical information on patient hospital discharge summaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians have electronic access to laboratory results</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians have electronic access to pharmacy record of prescriptions filled by patients</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Electronic connectivity for patients</strong></td>
<td>0-2</td>
</tr>
<tr>
<td></td>
<td>- Majority of physicians communicate with patients by email</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Patients can view their medical record online</td>
<td></td>
</tr>
</tbody>
</table>

### Care Management Processes Index (range: 0-20 points, Cronbach’s alpha=0.90)

For each of four conditions - asthma, coronary heart failure, depression, and diabetes - practice receives one point for the following:

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practice maintains an electronic registry for majority of patients with each condition</td>
<td>0-4</td>
</tr>
<tr>
<td></td>
<td>Practice provides nurse care managers for patients with each condition</td>
<td>0-4</td>
</tr>
<tr>
<td></td>
<td>Practice provides data to physicians on the quality of their care for patients with these conditions</td>
<td>0-4</td>
</tr>
<tr>
<td></td>
<td>Practice routinely sends reminders to patients with these conditions for preventive care</td>
<td>0-4</td>
</tr>
<tr>
<td></td>
<td>Practice has non-physician staff to educate patients about managing their condition</td>
<td>0-4</td>
</tr>
</tbody>
</table>
### Quality Improvement activities index (range: 0-5 points, Cronbach’s alpha=0.73)
*Practice routinely uses any of the following methods for quality improvement:*

<table>
<thead>
<tr>
<th>Method</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-Do-Study-Act (PDSA)</td>
<td>1 point</td>
</tr>
<tr>
<td>Lean production techniques</td>
<td>1 point</td>
</tr>
<tr>
<td>Six Sigma</td>
<td>1 point</td>
</tr>
<tr>
<td>Quality Improvement learning collaboratives</td>
<td>1 point</td>
</tr>
<tr>
<td>Other quality improvement system</td>
<td>1 point</td>
</tr>
</tbody>
</table>