

**[GREEN]**

**National Survey of Physician Organizations  
and the Management of Chronic Illness  
(Medical Groups)**

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University of California, Berkeley  
With the support of  
The Robert Wood Johnson Foundation

October 2000

**FINAL VERSION**

CASE ID|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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## Interviewer Instructions:

Please record name, address, phone number, and if available, email of the person interviewed.

Name: \_\_\_\_\_ MD

Position of the respondent (e.g., President, Medical Director, etc.) \_\_\_\_\_

Name of Assistant/Secretary \_\_\_\_\_

Name of Physician Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## Interviewer Introduction Script

“Hello, my name is [INTERVIEWER NAME]. May I speak to [MEDICAL DIRECTOR]?”

[AFTER R IS ON THE PHONE]: Dr./Mr./Ms. [MEDICAL DIRECTOR], my name is [INTERVIEWER NAME], and I’m calling from the University of Chicago’s National Opinion Research Center. We are conducting a national study of physician group practices. The study is being conducted with the support of a grant from the Robert Wood Johnson Foundation. You should have already received a letter informing you that we would be calling you about this study. Did you receive the letter? [IF NOT, DESCRIBE THE CONTENTS OF THE LETTER AND FAX A COPY IF HE/SHE REQUESTS IT].

This study will provide important information for all medical groups and IPAs in the U.S. At the end of the study, we will send you a summary feedback report that you can use to compare your organization with others around the country. The interview should take approximately 45 minutes of your time and you will receive \$150 as a token of appreciation for completing the interview.

Please be assured that all data on individual medical groups and individual interview

respondents will not be made public. The report which will be produced based on this information will not identify individual information, but will provide aggregate data across many physician and medical groups.

You have the right to refuse to participate. If you choose not to participate or to stop at any time, there will be no penalty. If you have any questions about the study, please call the NORC Project Director, Alma Kuby, at 312-759-4007 or Dr. Robin Gillies at 510-643-8063, who is at the University of California at Berkeley.

Do you have any questions? If not, do you agree to be interviewed?"

# Physician Organizations Survey

**I. Background Information and History**

**A. Description of the organization and ownership**

1. a. Which of the following best describes your physician organization?

- a. Medical group
- b. IPA
- c. Other (Specify \_\_\_\_\_)

b. Does your medical group have any formal relationship (e.g., contract) with an IPA?

- a. Yes
- b. No

2. What is your practice type? Please note that primary care specialties are defined as family practice, general practice, internal medicine, and pediatrics. Include OB/GYN as a non-primary care specialty.

- a. Single specialty, non primary care (Specify specialty \_\_\_\_\_)
- b. Single specialty primary care (e.g., family practice/general practice only or internal medicine only). Please specify which one:
  - 1) Family practice/general practice only
  - 2) Internal medicine only
  - 3) Pediatrics only
- c. Multispecialty with specialty care only
- d. Multispecialty with primary care only (e.g., family practice and internal medicine or family practice, internal medicine, and pediatrics)
- e. Multispecialty with both primary and specialty care
- f. Other (Specify \_\_\_\_\_)

3. How long has the group been in existence under its current name?

Years

4. How long has the oldest practice unit (i.e., of 3 or more physicians), which is now all or part of your medical group, been in existence?

Years

5. Which designation best describes the metropolitan area or community surrounding the **largest or primary** location of your practice?

- a. Central city
- b. Urban
- c. Suburban
- d. Small city
- e. Rural


6. Who owns the equipment and employs the non-physician staff of your medical group (including MSO, if any)? **CHECK ALL THAT APPLY**

- a. Physicians in your group
- b. Non-physician managers in your group
- c. Hospital/hospital system
- d. HMO or other insurance entity
- e. Other (Specify \_\_\_\_\_)


(ASK Q.6A IF Q.6=a)

6A. If owned by all or some of the physicians, approximately what percent own:

- a. Full shares in the group? 

	%
--	---
  - b. Any shares other than full? 

	%
--	---
  - c. No shares 

	%
--	---
- |         |
|---------|
| 90-110% |
|---------|

**B. Size and Utilization**

7. At the present point in time, what is the total number of physicians (both full-time and part-time) practicing in your medical group across all its locations.

IF R UNSURE: Please give me your best estimate 

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(IF Q.2 = A OR C, SKIP TO 8Ab.)

8A. How many of these physicians are:

a. Primary care physicians (that is, family practice, general practice, internal medicine, pediatrics—do not include OB/GYN) 

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How many of these primary care physicians are:

- 1) Family practice/General practice 

--
- 2) Internal medicine 

--
- 3) Pediatrics 

--

(SUM OF 1) THROUGH 3) SHOULD NOT BE GREATER THAN Q.8A.a.)

(IF Q.2 = B OR D, SKIP TO Q.9)

b. Specialists (including OB/GYN) 

--

(IWER: SUM OF Q.8Aa AND Q.8Ab SHOULD NOT BE GREATER THAN Q.7)

(GO TO Q.9 IF 8Ab (Specialists) = 0)

8B. How many of these specialists are OB/GYN physicians?

9. Please answer the following regarding the physicians in your medical group.

(GO TO Q.9B IF Q.2=A OR C)

A. First, please tell me about the primary care physicians in your medical group. Please do not include OB/GYN.

a. How many primary care physicians were members of your medical group in **1995**? If your medical group did not exist in 1995, how many primary care physicians were members of your group during the year in which it was first created under its present name?

b. Since 1995, or since the year in which your group was first created under its present name, how many **NEW** primary care physicians have become members of your group?

c. In 1999, how many primary care physicians voluntarily resigned from your group?

d. In 1999, how many primary care physicians involuntarily resigned from your group?

(GO TO Q.10 IF Q.2=B OR D)

B. Next, please tell me about the specialists in your medical group. Please include OB/GYN, if any, here.

e. How many specialists were members of your medical group in **1995**? If your medical group did not exist in 1995, how many specialists were members of your group during the year in which it was first created under its present name?

f. Since 1995, or since the year in which your group was first created under its present name, how many **NEW** specialists have become members of your group?

g. In 1999, how many specialists voluntarily resigned from your group?

h. In 1999, how many specialists involuntarily resigned from your group?

---

10. Since **1995**, how many of the (SUM OF Q9Ab. and Q9Bf.) **NEW** physicians (primary care and specialists) have been added:

- a. Through merger or acquisition of other groups
- b. By adding physicians to the original medical group
- Total**


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11. Please indicate the total number of the following health care professionals (full-time and part-time) working in your medical group across all locations. If you do not know the precise number, please provide your best estimate.

- a. Nurses
- b. Nurse practitioners
- c. Physician assistants


---

12. At how many different addresses or different clinic locations does the group practice?

## II. Governance and Management

We will now ask you about the governance and management of your medical group.

13. For the governing body of your medical group itself (NOT the owner of your practice, i.e., a hospital or health system), please indicate the following:

	Number
a. Total number of board positions	
b. Total number of physicians on board	
c. Total number of primary care physicians on board	
d. Total number of specialists on board	
e. Number of meetings per year	

Please check here if group does not have a governing board

14. Since **1995** (over the past 5 years), or since the year in which your group was first created under its present name, has there been any turnover in the following positions? (This refers to your medical group; NOT the owner of your practice)

IF R UNSURE: Please give me your best estimate.

	Yes	No	If yes, how many people left the position?
a. Chief executive officers or presidents			
b. Medical directors or chief medical officers			
c. Chief non-clinical medical group managers			

Please respond to the following questions regarding information systems with respect to your medical group.

15. Does your group use an electronic database containing:

	Yes	No
a. An enrollment record for each patient		
b. Encounter data for each patient		
c. Claims data for each patient		
d. A medical record for each patient		

(GO TO Q.18A IF Q.15A-D. ARE ALL ANSWERED 'NO')

16. Do individual physicians have access to the computerized database?

a. Yes

b. No



17. Which of the following pieces of information are linked together for an individual patient in your practice's electronic data systems?

- a. A standardized problem list
- b. Ambulatory visit data (encounters)
- c. Emergency room use
- d. Inpatient stays
- e. Laboratory findings
- f. Medications prescribed
- g. Radiology findings
- h. Clinical guidelines/protocols
- i. Medication ordering reminders and/or drug interaction information
- j. Out of group services for capitated patients
- k. Mental health/substance abuse visits

Yes	No	NOT APPLICABLE

18. a. If an outside party such as a purchaser coalition or quality review group asked for a report on each of the following items, **how long would it take** to provide the report with your current information systems?

	1-5 days	Within one month	Longer than one month	NA/Practice does not see these types of patients
a. Number of patients with diabetes				
b. % Children aged 0-2 with immunizations				
c. % Adults under 50 receiving an annual physical exam				
d. Cost per member per month of service provided				

b. Have you, in fact, provided any of these or similar reports within the past six months?

a. Yes

b. No

19. Are the **majority** of patient progress notes for physicians who are members of your group: (SELECT ONE)

- a. Handwritten
- b. Dictated and transcribed
- c. Entered into an electronic medical record directly by the physician or after being dictated and transcribed

20. Please indicate whether your group practice has the following elements:

- a. A written mission statement
- b. A written strategic plan

Yes	No

### III. Financial Management

We have just a few questions regarding your group's sources of revenue and overall financial position. We are asking about the total operating income and expenses of the group's practice, or attributed to the group by the MSO or other organization with which the group contracts.

**This is Q.1 in the worksheet.**

**ASK R IF THEY HAVE THEIR WORKSHEET.**

21. Over the past **three fiscal years** – 1997, 1998, 1999 – approximately how much capital in total has been provided to your group from the following sources listed below? Please round to the nearest \$1,000.

	Amount over 3 years
a. Hospital/health system	\$
b. HMO or health plan	\$
c. Physician practice management company (PPMC)	\$
d. Retained earnings	\$
e. Loans from a bank	\$
f. Venture capital organization	\$
g. Other (Please specify _____)	\$
TOTAL	\$

**These are Q.2a – Q.2b in the worksheet.**

22.

a. What are the beginning and end dates of your medical group's most recently completed fiscal year?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month Year Month Year

b. **In your most recently completed fiscal year**, how many of your medical group’s total patient visits, how many of your group’s patients, and how much of your group’s revenues came from the following sources? Please include all revenue including patient co-pays, hospital capitation received by the group and other payments from health plans (e.g., from risk pools).

	Patient Visits #	# of Patients	Revenue \$
(1) Commercial Insurance			
(a) Indemnity			
(b) PPO			
(c) HMO and Point of Service (POS)			
(i) Capitation			
(ii) Fee-for-service			
(iii) Other			
(2) Medicare			
(a) Traditional Medicare (fee-for-service)			
(b) HMO and POS			
(i) Capitation			
(ii) Fee-for-service			
(iii) Other			
(3) Medicaid			
(a) Traditional Medicaid (fee-for-service)			
(b) HMO			
(i) Capitation			
(ii) Fee-for-service			
(iii) Other			
(4) Other (e.g., self-pay workers’ comp, etc.)			
(5) Non-patient care related revenue sources (e.g., from instructing residents/medical students or investment income)			
Please specify:			
(a) _____			
(b) _____			
(c) _____			
<b>TOTAL</b>			

**This is Q.3 in the worksheet.**

23. For your group's most recently completed fiscal year, what percentage of your **capitated** revenue is spent for the services of your own group's physicians versus that spent for the services provided by outside physicians? **Please skip if you have no capitated revenue.**

a. For physicians in own group	%
b. For services provided by outside physicians	%
<b>Total</b>	<b>100%</b>
c. Does not apply – no capitated revenue	

**This is Q.4 in the worksheet.**

24. Please complete the following information for your most recently completed fiscal year

- a. Total operating revenue = \$ \_\_\_\_\_
- b. Total operating expenses = \$ \_\_\_\_\_
- c. Operating net income (loss) = \$ \_\_\_\_\_  
(i.e., total operating revenue - total operating expenses)

**This is Q.5a-c in the worksheet.**

25. a. If you reported a **net gain** above (that is, Q24c is greater than \$0), please indicate below whether the net gain was greater or less than your previous fiscal year?

a. Greater than net gain in the previous year	
b. Less than net gain in the previous year	
c. Net loss in the previous year	

(GO TO Q.26)

b. If you reported a **net loss** above (that is, Q24c is less than \$0), please indicate below whether the loss was greater or less than last year?

a. Greater than net loss in the previous year	
b. Less than net loss in the previous year	
c. Net gain in the previous year	

(GO TO Q.26)

c. If you reported that you **broke even** above (that is, Q24c = \$0), please indicate below whether the previous year had a loss, broke even, or had a net gain.

a. Had a net loss in the previous year	
b. Broke even in the previous year	
c. Had a net gain in the previous year	

#### IV. Individual Physician Compensation

These are Q.6 and Q.7 in the worksheet.

26. At the present point in time, what percent of your individual physicians' total cash compensation, including possible bonuses and/or withholds, is made up of the following components?

(SKIP 'PRIMARY CARE PHYSICIANS' COLUMN IF Q.2=A OR C)  
 (SKIP 'SPECIALTY PHYSICIANS' COLUMN IF Q.2=B OR D)

Component of total cash compensation	For your individual primary care physicians, what is the average percent of total cash compensation from...	For your individual specialty physicians (including OB/GYN), what is the average percent of total cash compensation from...
a. Base salary (i.e., compensation not tied to any measure of performance or productivity)	%	%
b. Individual capitation (panel size)	%	%
c. Productivity (i.e., \$ or RBRVS units billed and/or number of physician visits, hours)	%	%
d. Patient satisfaction, care management, and/or quality of care measures	%	%
e. Good citizenship and service to the organization	%	%
f. Bonuses and/or withholds (other than payments counted under Q.26b through Q.26e)	%	%
g. Other (Please describe _____)	%	%
<b>Total cash compensation</b>	<b>90-110%</b>	<b>90-110%</b>

(SKIP 'PRIMARY CARE PHYSICIANS' COLUMN IF Q.2=A OR C)  
 (SKIP 'SPECIALTY PHYSICIANS' COLUMN IF Q.2=B OR D)

27. For your most recently completed fiscal year, what was the **median** (INTERVIEWER: EMPHASIZE "MEDIAN.") level of total annual compensation (including salary, bonuses and fringe benefits) for your primary care physicians and specialty physicians?

- Compensation level**
- a. <\$100,000
  - b. \$100,000-\$149,999
  - c. \$150,000-\$199,999
  - d. \$200,000-\$249,999
  - e. \$250,000-\$299,999
  - f. \$300,000 and over

Primary care physicians	Specialty physicians

**V. Relationships with Health Plans**

This is Q.8 and Q.8a in the worksheet.

28. During your most recent fiscal year, did your group contract with one or more HMO and/or Point of Service (POS) health plans?

a. Yes

b. No (GO TO Q.33A)


This is Q.9 in the worksheet.

29. During your most recent fiscal year, how many of your group's HMO and POS patients were enrolled with the **three** HMOs or POSs with which you had the most patients?

	Name of the HMO or POS	Number of Patients		
		Commercial	Medicare	Medicaid
a. HMO or POS #1				
b. HMO or POS #2				
c. HMO or POS #3				

This is Q.10 in the worksheet.

30. During your most recent fiscal year, what percent of your group's total annual revenues came from the 3 HMOs or POSs accounting for the largest shares of your revenue? Please fill in the name of the HMOs or POSs.

	Name of HMO or POS	% of Total Annual Revenues
a. HMO or POS #1		
b. HMO or POS #2		
c. HMO or POS #3		

This is Q.11 in the worksheet.

31. During your most recent fiscal year, for what percent of your group's HMO and POS patients did you accept some of the financial risk for...

- a. primary care costs
- b. specialist costs
- c. hospital costs
- d. pharmacy costs
- e. mental health costs

	%
	%
	%
	%
	%

**This is Q.12 in the worksheet.**

32. During your most recent fiscal year, what percent of all of your group's HMO and POS patients were under contracts that delegated to the group the following functions...

	<b>% of all HMO and POS Patients</b>
a. claims payment	
b. physician credentialling	
c. utilization management for specialty referrals	
d. utilization management for hospital admissions	
e. utilization management for hospital concurrent review	
f. utilization management for pharmacy services	
g. utilization management for mental health services	

**VI. Care Management and Clinical Practice**

**A. Care management practices**

33A. Does your group use one or more hospitalists to manage the inpatient care of your patients?

- a. Yes
- b. No (GO TO Q.34)

33B. Please indicate below the number of hospitalists that you use and the approximate percent of all of your group's inpatient admissions that are managed by the hospitalists.

- a. Number of hospitalists used in inpatient care
- b. % inpatient admissions managed by hospitalists  %

34. Does your group treat patients for any of the following conditions?

- a. Asthma
- b. Congestive heart failure
- c. Depression
- d. Diabetes

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(GO TO Q.55a IF Q.34a-d ARE ALL ANSWERED 'NO')

35. Are patient education classes provided to patients with the following conditions?

- a. Asthma
- b. Congestive heart failure
- c. Depression
- d. Diabetes

		If yes, who provides these classes CHECK ALL THAT APPLY			
Yes	No	Your Group	HMOs	Local Hospitals	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



36. To what extent does your group use case managers to help physicians take care of patients with asthma, congestive heart failure, depression or diabetes? (CHECK ALL THAT APPLY) (IWER: READ ACROSS FOR EACH, A-C.)

	Asthma	Congestive heart failure	Depression	Diabetes
a. The group does not use case managers for this condition (SKIP B AND C)				
b. Case managers are available at the request of the physician				
c. Case managers are assigned to all severe cases				

37. Does your group maintain a registry/list of patients with the following conditions?

- a. Asthma
- b. Congestive heart failure
- c. Depression
- d. Diabetes

Yes	No

(IF Q.37 ARE ALL ANSWERED NO, SKIP TO Q.42A)

38. Do these lists include only capitated patients, or do they include all patients seen by the group's physicians?

- a. All capitated patients
- b. All patients seen by the group's physicians


39. How does your group identify patients with these conditions? Are they identified... **CHECK ALL THAT APPLY**

	Group does it	Health plan does it
a. Using claims data? IF YES: Who does it?		
b. Using emergency room visits or hospital admissions IF YES: Who does it?		
c. Using medical records/charts IF YES: Who does it?		
d. Using other (specify _____) IF YES: Who does it?		

40. Can individual providers access lists of their patients?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>

41. Are these lists linked with key clinical data so they can be used to guide practice?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>

42A. Does your group have an appointment/scheduling system that does the following?

	Schedules or plans visits for <u>groups</u> of patients with...		Schedules patients so that their <u>multiple</u> needs are taken care of in a single visit for patients with...	
	Yes	No	Yes	No
a. Asthma				
b. Congestive heart failure				
c. Depression				
d. Diabetes				

42B. For what percent of patients for each of these conditions does your group make routine follow-up phone calls to check patient progress and reminders for subsequent visits?

a. Asthma	<input type="text"/>	%
b. Congestive heart failure	<input type="text"/>	%
c. Depression	<input type="text"/>	%
d. Diabetes	<input type="text"/>	%

42C. Is any part of your reminder and follow-up system computerized?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>

***Asthma Management***

(IF Q.34a=NO, GO TO Q.47)

43. How are patients with moderate to severe asthma primarily cared for? (Select one for each level of severity)

- a. Patients are primarily cared for by generalist physicians
- b. Patients are primarily cared for by pulmonologists or allergists
- c. Patients are primarily sent to specialized centers

Moderate Asthma (select one)	Severe Asthma (select one)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

44. Does your group use guidelines or protocols to care for asthma patients?

a. Yes	<input type="checkbox"/>
b. No (GO TO Q.46)	<input type="checkbox"/>

45A. Are the physicians in your group trained in the use of these guidelines or protocols?  
 a. Yes   
 b. No

45B. Approximately what percent of asthma patients are cared for using the guidelines or protocols?  %

45C. Are the guidelines or protocols placed in:

	Yes	No
a. patient charts	<input type="checkbox"/>	<input type="checkbox"/>
b. reminder systems	<input type="checkbox"/>	<input type="checkbox"/>
c. order entry systems	<input type="checkbox"/>	<input type="checkbox"/>

45D. Do these guidelines or protocols cover the following for the management of asthma?

	Yes	No
a. Use of referrals	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of home nebulizers	<input type="checkbox"/>	<input type="checkbox"/>
c. Appropriate use of anti-inflammatory medication	<input type="checkbox"/>	<input type="checkbox"/>
d. Routine monitoring including use of peak flow meters	<input type="checkbox"/>	<input type="checkbox"/>

46.

	In 1999, did your group collect data on...		If first column is no, skip columns 2 and 3.			
			Did you feedback data to physicians or case managers?		Did you have data demonstrating quality improvements for the following areas?	
	Yes	No	Yes	No	Yes	No
a. Use of referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of home nebulizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appropriate use of anti-inflammatory medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Routine monitoring including use of peak flow meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Congestive Heart Failure Management***

(IF Q.34b=NO, GO TO Q.52)

47. How are patients with moderate to severe congestive heart failure (CHF) primarily cared for?  
(Select one for each level of severity)

- a. Patients are primarily cared for by primary care physicians/general internists
- b. Patients are primarily cared for by cardiologists
- c. Patients are primarily sent to specialized centers

Moderate CHF (select one)	Severe CHF (select one)

48. Does your group use guidelines or protocols to care for congestive heart failure patients?

- a. Yes
- b. No (GO TO Q.49)

48A. Are the physicians in your group trained in the use of these guidelines or protocols?

- a. Yes
- b. No

48B. Approximately what percent of CHF patients are cared for using the guideline or protocol?

	%
--	---

48C. Are the guidelines or protocols placed in:

- a. patient charts
- b. reminder systems
- c. order entry systems

Yes	No

48D. Do these guidelines or protocols cover the following for the management of congestive heart failure?

- a. Use of referrals
- b. Use of ACE inhibitors
- c. Appropriate use of medication
- d. Hospitalization

Yes	No

49.

	If first column is no, skip columns 2 and 3.					
	In 1999, did your group collect data on...		Did you feedback data to physicians or case managers?		Did you have data demonstrating quality improvements for the following areas?	
	Yes	No	Yes	No	Yes	No
a. Use of referrals						
b. Use of ACE inhibitors						
c. Appropriate use of medication						
d. Hospitalization						

**Major Depressive Disorders Management**

(IF Q.34c=NO, GO TO Q.52)

50. How are patients with moderate to severe depressive disorders primarily cared for? (Select one for each level of severity)

- a. Patients are primarily cared for by primary care physicians/general internists
- b. Patients are primarily cared for by psychiatrists, psychologists or other mental health specialists
- c. Patients are primarily sent to specialized centers/programs

Moderate Depressive Disorder (select one)	Severe Depressive Disorder (select one)

51. Does your group use guidelines or protocols to care for patients with depressive disorders?

- a. Yes
- b. No (GO TO Q.52)

51A. Are the physicians in your group trained in the use of these guidelines or protocols?

- a. Yes
- b. No

51B. Approximately what percent of patients with depressive disorders are cared for using the guideline or protocol?

%
---

51C. Are the guidelines or protocols placed in:

- a. patient charts
- b. reminder systems
- c. order entry systems

Yes	No

51D. Do these guidelines or protocols cover the following for the management of depression?

- a. Use of referrals
- b. Use of antidepressants
- c. Screening for depression
- d. Monitoring treatment response and follow-up

Yes	No

**Diabetes Management**

(IF Q.34d=NO, GO TO Q.55a)

52. How are patients with moderate to severe diabetes primarily cared for? (Select one for each level of severity)

- a. Patients are primarily cared for by primary care physicians
- b. Patients are primarily cared for by endocrinologists
- c. Patients are primarily sent to specialized centers

Moderate Diabetes (select one)	Severe Diabetes (select one)

53. Does your group use guidelines or protocols to care for diabetes patients?

- a. Yes
- b. No (GO TO Q.54)

53A. Are the physicians in your group trained in the use of these guidelines or protocols?

- a. Yes
- b. No

53B. Approximately what percent of diabetic patients are cared for using the guideline or protocol?

	%
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53C. Are the guidelines or protocols placed in:

- a. patient charts
- b. reminder systems
- c. order entry systems

Yes	No

53D. Do these guidelines or protocols cover the following for the management of diabetes?

- a. Appropriate monitoring of glycohemoglobin
- b. Prevention of nephropathy
- c. Ophthalmology and/or optometry visits
- d. Hospitalization

Yes	No

54.

	In 1999, did your group collect data on...		If first column is no, skip columns 2 and 3.			
			Did you feedback data to physicians or case managers?		Did you have data demonstrating quality improvements for the following areas?	
	Yes	No	Yes	No	Yes	No
a. Appropriate monitoring of glycohemoglobin						
b. Prevention of nephropathy						
c. Ophthalmology visits						
d. Hospitalization						

**B. General assessment of chronic illness care**

The following questions pertain to your group’s general approach to chronic illness care. Please answer these questions according to how your group **actually plans and implements** care for chronic illness, not how you plan to or wish to do in the future. Also, please think in particular about your patients with asthma, congestive heart failure, major depressive disorders, and/or diabetes.

***Community linkages***

55a. Does your group have written agreements with community service agencies (e.g., senior centers, health department) to enhance services for any of your chronically ill patients

YES	NO

If yes, approximately what percent of all of your chronically ill patients do these agreements cover?

%
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55b. Does your group have an agreed upon referral system for linking any of your chronically ill patients to community programs?

YES	NO

If yes, approximately what percent of all of your chronically ill patients are covered by this referral system?

%
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***Self- Management Support***

56a. Does your group formally assess patient self-management needs by questionnaire or related means for any of your chronically ill patients?

YES	NO

If yes, approximately what percent of all of your chronically ill patients are assessed in this manner?

%
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56b. Does your group use programs to increase patient self-management skills for any of your chronically ill patients?

YES	NO

If yes, approximately what percent of all of your chronically ill patients are covered by these programs?

%
---



***Decision Support***

57a. Does your group integrate guidelines into practice through education, reminders, and/or information systems for any of your chronically ill patients?

YES	NO

If yes, for approximately what percent of all of your chronically ill patients are guidelines integrated into practice?

%
---

57b. Does your group integrate specialist expertise into primary care (e.g., by sharing care of complicated patients or having specialists participate in selected primary care office visits) for any of your chronically ill patients?

YES	NO

If yes, for approximately what percent of all of your chronically ill patients is specialist expertise integrated into primary care?

%
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***Delivery System Design***

58a. Does your group utilize planned visits that emphasize assessment, disease control, and prevention for any of your chronically ill patients?

YES	NO

If yes, for approximately what percent of all of your chronically ill patients are such planned visits utilized?

%
---

58b. Does your group structure visits to facilitate patients seeing multiple providers in a single visit for any of your chronically ill patients?

YES	NO

If yes, for approximately what percent of all of your chronically ill patients are visits structured to facilitate patients seeing multiple providers?

%
---

58c. Does your group employ clinical case managers to enhance primary care for any of your chronically ill patients?

YES	NO

If yes, for approximately what percent of all of your chronically ill patients are clinical case managers employed?

%
---

**Information Systems**

59A. Does your group provide written feedback reports or data to physicians and practice teams regarding their performance in chronic illness care for any of your chronically ill patients?

YES	NO

If yes, for approximately what percent of all of your chronically ill patients is such feedback given?  %

59B. Do any of your physicians use the internet to communicate with chronically ill patients regarding their treatment?

YES	NO

If yes, for approximately what percent of all of your chronically ill patients is internet communication used?  %

**C. Additional questions on quality**

I would like to ask a few additional questions about quality.

60. For approximately what percentage of patients is your medical group required to report any of the following to an outside organization (e.g., NCQA, a business coalition, etc.)? Do not include HMOs.

a. Use of care management practices (e.g., evidence-based guidelines)	<input type="text"/> %
b. Patient satisfaction results	<input type="text"/> %
c. Results of clinical quality improvement projects	<input type="text"/> %
d. Outcome data for selected conditions	<input type="text"/> %
e. Hedis data	<input type="text"/> %
f. Other (please specify _____)	<input type="text"/> %

61. During fiscal year 1999, did your group receive any additional income from health plans for scoring well on quality measurements?

a. Yes	<input type="text"/>
b. No (GO TO Q.63)	<input type="text"/>

62. Approximately what percent of the group's total income comes from payment for quality scores?

%

63. Does your group receive any other reward for scoring well on quality measurements?

- a. Public recognition (e.g., in published report cards or in information distributed by health plans or employers to patients)
- b. Better contracts with health plans

Yes	No

64. Does your group currently conduct any formalized, ongoing, and systematic quality improvement activities, which as far as you know are not mandated by a purchaser, health plan, or accreditor?

- a. Yes
- b. No (GO TO Q.66)

65. Please name two of these activities.

(1)
(2)

66. At present or within the past year, has your group participated in any demonstration programs or otherwise externally organized efforts to increase the quality or outcomes of care for patients with:

- a. Asthma
- b. Congestive heart failure
- c. Depression
- d. Diabetes

Yes	No

67. During your most recently completed fiscal year, do you believe that your group's investment in quality improvement for the following conditions has had a positive financial impact, a negative financial impact, or neither a positive nor a negative financial impact?

	Positive Financial Impact	Negative Financial Impact	Neither Positive Nor Negative Impact
a. Asthma			
b. Congestive heart failure			
c. Depression			
d. Diabetes			

68. For any of these conditions, is this your impression, or do you have cost-benefit data to support your impression?

IWER: IF R HAS DATA FOR ANY OF THE CONDITIONS, CHECK "b. have cost-benefit data"

- a. Own impression
- b. Have cost-benefit data

---

69. a. Does your group routinely measure patient satisfaction?

IWER: IF TRUE FOR ANY OF THE CONDITIONS, ENTER "YES"

- a. Yes
- b. No (GO TO Q.70A)

b. How often does your group measure patient satisfaction?

Times/year
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**D. Preventive Care and Health Promotion**

70A. Does your group routinely administer a health risk assessment (HRA) protocol or questionnaire to identify patients who may benefit from counseling or other interventions to reduce their risk factors (do not include health history questionnaires)?

- a. Yes
- b. No (GO TO Q.71)

70B. What does your group do with the results from the HRA questionnaire?

- a. Give the questionnaire results to the patient's physician
- b. Use the results in a formal, organized process for contacting patients who are considered to be at risk

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

71. For which of the following does your medical group contact patients for purposes of improving compliance with recommended screening or treatment protocols?

a. For women over the age of 50, does your group send reminders to patients regarding mammograms?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>
c. NA	<input type="checkbox"/>

b. For children, does your group send reminders to parents regarding immunizations or well child visits?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>
c. NA	<input type="checkbox"/>

c. For high risk populations (elderly, etc.), does your group send reminders to patients regarding flu shots?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>
c. NA	<input type="checkbox"/>

d. For persons with diabetes, does your group send reminders to patients regarding eye exams?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>
c. NA	<input type="checkbox"/>

72. Does your group routinely use any of the following to alert providers or remind them to advise their patients about their health risk behaviors?

- a. Chart stickers or stamps that office or nursing staff apply to charts to visually alert providers to a patient's need for counseling
- b. Reminder checklists addressing health risk behaviors in the in the charts to remind providers to counsel patients
- c. Reminders generated by a computer tracking systems to promote provision of preventive services, including counseling

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEFINITION**

A health promotion program is an activity provided by the group outside of the individual clinical encounter. It can take various forms such as a newsletter containing advice, a series of classes addressing a specific health risk, or a screening program offered in the community.

73. Does your group offer any of the following health promotion programs to patients in a formalized, ongoing, and systematic fashion?

	Yes	No
a. Nutritional counseling/advice		
b. Smoking cessation		
c. Weight loss/management		
d. Prenatal education		
e. Health risk assessment		
f. STD prevention		
g. Stress management		
h. Substance abuse		
i. Gun safety		

74. Does your group support physician-based smoking cessation interventions in any of the following ways? (CHECK ALL THAT APPLY)

a. Require physicians to provide specific smoking cessation interventions	
b. Provide physicians with written materials on pharmacotherapy at least once a year	
c. Provide physicians with written materials on smoking cessation counseling at least once a year	
d. Provide patient self-help materials to the providers to distribute to patients	
e. Provide patient nicotine replacement "starter kits" to the providers to distribute to patients	
f. Receive financial incentives from HMOs to promote smoking cessation interventions	
g. Evaluate the degree to which physicians provide smoking cessation intervention	

75. a. Are you aware of the clinical practice guidelines for smoking cessation published by the Agency for Health Care Policy and Research (AHCPR)?

a. Yes	
b. No (GO TO END)	

b. Has your group used the guidelines to change the way in which your group provides smoking cessation services?

a. Yes	
b. No	

Thank you for your time. Your payment of \$150 will be mailed shortly. Once we have completed interviews with all of the participating physician organizations nationally, we will send you a summary feedback report which you can use for benchmarking and compare your organization with others around the country.