

*If you want to use all or part of this questionnaire, please contact Patty Ramsay (e-mail: [pramsay@berkeley.edu](mailto:pramsay@berkeley.edu); phone: 510/643-8063; mail: Patty Ramsay, University of California, SPH/HPM, 50 University Hall, Berkeley CA 94720-7360), requesting permission to use it with a brief statement about how you intend to use it. Thank you.*

[BLUE]

National Survey of Physician Organizations  
and the Management of Chronic Illness II  
(Independent Practice Associations)

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

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

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FirstScr \*\*\*\*\* First screen seen by interviewer  
Dial telephone number and PRESS " 1 " to proceed

PRESS " 2 " if you are not going to dial this number

IF (ANS = 2) AAPOR = 5000

1. PROCEED TO NEXT QUESTION
2. No answer
3. Normal busy
4. Answering machine
5. Non-Working Number
6. Business Number
7. Fax/Modem/Data Line
8. Disconnected Number

INTRO1\*\*\*\*\*

Hello, my name is \_\_\_\_\_. May I speak with Dr. <<insert LAST>>?  
SHOW LAST

1. Yes, speaking
2. Hold on
3. Wrong number

IF (ANS = 1) SKP

- IF (ANS = 2) AAPOR = 3130
- IF (ANS = 3) AAPOR = 3120
- IF (ANS = 4) AAPOR = 2221
- IF (ANS = 5) AAPOR = 4310
- IF (ANS = 6) AAPOR = 4510
- IF (ANS = 7) AAPOR = 4200
- IF (ANS = 8) AAPOR = 4320

### Interviewer Introduction Script

INTRO1\*\*\*\*\*

Hello, my name is \_\_\_\_\_. May I speak with Dr. <<insert LAST>>?  
SHOW LAST

1. Yes, speaking
2. Hold on
3. Wrong number

IF NECESSARY - Dr./Mr./Ms. \_\_\_\_\_, my name is \_\_\_\_\_

I'm calling from Population Research Systems on behalf of the University of California Berkeley. We are conducting a national study of physician group practices. The study is being conducted with the support of grants from the Robert Wood Johnson Foundation, The Commonwealth Fund, and the California HealthCare Foundation. The study has received the

support or endorsement of major medical associations in the country. 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 large medical groups and independent practice associations, or 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. We believe this information will be helpful to you in continuing to improve care for patients with chronic illness. The interview should take approximately 45 to 60 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 that 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 PRS Project Director, Dr. Katrin Ewald, at 415-777-0707 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?

1. Yes
2. No
3. Callback (schedule callback)

Great! Before we start, I need to record some contact information. Can I please have your name?

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

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

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

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

Address, this will also be the address where we will send the check to:

\_\_\_\_\_

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

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

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

Physician Organizations Survey

**A. Background Information and History**

Description of the organization

**I-A1. Are you an Independent Practice Association, that is, an IPA?**

1. Yes
2. No

**If I-A1=2 {No}, go to A1 on medical group survey. Ask medical group survey A1, leaving out MG survey A1 choices 3 and 4.**

**Ask if IPA1=1 {yes}:**

**I-A1a. Do you own or manage a medical group?**

1. Yes
2. No

If I-A1a = 1 then A1=3. If I-A1a=1, then A1=4

**\*\*[If A1="4," {"IPA that owns or manages a medical group"} tell respondent that unless otherwise indicated, responses to all questions should be based on the IPA only.**

A2. At the present point in time, approximately what is the total number of physicians practicing in your IPA across all its locations? (Please count both full and part-time)

IF UNSURE: Please give me your best estimate

1. Enter total number of physicians \_\_\_\_\_
888. DK
999. REF

**[If A2 < 20, please thank the respondent and terminate the interview. Only organizations that have 20 or more physicians are eligible for inclusion in the study.]**

*Do physicians in your IPA routinely treat patients **for** the following diseases? We are not asking whether your physicians see patients who **have** these diseases, but rather whether they routinely **treat** that particular disease.*

A3. asthma?

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

A4. congestive heart failure, or CHF?

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

A5. depression?

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

A6. diabetes?

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

**[If A3, A4, A5, and A6 =2 {"No"} (do not treat any one of the four diseases), stop interview. Only organizations that treat one or more of these diseases are eligible for inclusion in the study.]**

If A1=4, ask the respondent:

A7. You indicated that your IPA owns a medical group. Approximately what is the total number of physicians (both full-time and part-time) practicing in your owned medical group, .

IF UNSURE: Please give me your best estimate

- 1. Enter total number of physicians in your owned medical group\_\_\_\_\_
- 888. DK
- 999. REF

If A1=4 and A7>=20, ask the respondent:

What is the name of the medical group?\_\_\_\_\_

If A1=4 and A7>=20, ask the respondent:

Who would be a good respondent for a survey regarding the medical group?

\_\_\_\_\_

- A8. Which ONE of the following three statements best describes your IPA?
1. It is mainly primary care physicians. [please consider primary care physicians to include family practitioners, general internists, general practitioners, and general pediatricians]
  2. It is a multispecialty IPA that includes both specialists and primary care physicians.
  3. It is mainly non-primary care specialists. [If response is 3, ask respondent "What is the main specialty in your IPA?" Record all specialties mentioned.]
  8. DK
  9. REF

- A9. Is your IPA's patient population mainly adult, mainly pediatric, or both?
1. Mainly adult
  2. Mainly pediatric
  3. Both
  8. DK
  9. REF

- A10. Does your IPA have a significant relationship with an integrated delivery system or a physician hospital organization?
1. Yes
  2. No
  7. NA
  8. DK
  9. REF

If A10=1, state : "For simplicity, from now on when we say 'PHO' we mean either physician hospital organization or integrated delivery system.

- A11. For approximately how many years has your IPA been in existence?  
**[Note to interviewer: If the respondent asks "What do you mean?" the interviewer should say "How long has your IPA, more or less as it is at present, been in existence?"]**
1. Enter years \_\_\_\_
  888. DK
  999. REF

- A12. Who is the primary owner of your IPA? **Please choose ONE** of the following.
1. Physicians in your IPA
  2. Non-physician managers in your IPA
  3. Hospital, hospital system or health care system
  4. HMO or other insurance entity
  5. Jointly owned (Specify)
  8. DK
  9. REF

A13. Approximately what proportion of the physicians in your IPA is board-certified? Do not include board-eligible.

IF UNSURE: Please give me your best estimate

1. Enter percent \_\_\_\_\_

888. DK

999. REF

I-A14. Do you accept capitation payment from health plans for any patients?

1. Yes

2. No

8. DK

9. REF

I-A15. [Ask if I-A14="1" {Yes} :]: If so, for approximately how many patients?

1. Enter number of patients \_\_\_\_\_

888. DK

999. REF

## **B. Information Systems**

*Now we are going to ask about your clinical information systems. We will read you a list of components of information systems. Does your IPA make available an electronic medical record that includes any of these components...*

B1. ambulatory care progress notes?

1. Yes

2. No

8. DK

9. REF

Ask if B1=1:

B2. Are the majority of your physicians using the electronic record for progress notes?

1. Yes

2. No

8. DK

9. REF

B3. the patient's problem list?

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

Ask if B3=1:

B4. Are the majority of your physicians using the electronic record for the patient's problem list?

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

B5. the patient's allergies?

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

Ask if B5=1:

B6. Are the majority of your physicians using the electronic record for the patient's allergies?

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

B7. the patient's medications?

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

Ask if B7=1:

B8. Are the majority of your physicians using the electronic record for the patient's medications?

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



B9. automatic alerts of potential drug interactions?

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

Ask if B9=1:

B10. Are the majority of your physicians using the electronic record for potential drug interactions?

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

B11. 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

Ask if B11=1:

B12. Are the majority of your physicians using the electronic record for prompts and reminders?

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

B13. alerts about important abnormal test results at the time they are received?

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

Ask if B13=1:

B14. Are the majority of your physicians using for alerts on abnormal test results?

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

B15. Does your IPA access these electronic records to collect data for quality measures?

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

B16. Can a majority of your patients access any part of their electronic medical record online?

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

The next few questions ask if the MAJORITY of physicians in your IPA have electronic access to certain information and if so, whether the information is accessible within an individual patient's electronic record.

*Do the majority of physicians in your IPA have electronic access...*

B17. to clinical information on the patient's emergency room visits?

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

**[Ask if B17 =1 {"Yes"}]**

B18. And, is this accessible within an individual patient's electronic record?

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

B19. How about electronic access to hospital discharge summaries?

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

**[Ask if B19 =1 {"Yes"}]**

B20. And, is this accessible within an individual patient's electronic record?

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

B21. How about electronic access to laboratory results?

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

**[Ask if B21 =1 {"Yes"}]**

B22. And, is this accessible within an individual patient's electronic record?

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

B23. How about electronic access to radiology results?

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

**[Ask if B23 =1 {"Yes"}]**

B24. And, is this accessible within an individual patient's electronic record?

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

B25. How about electronic access to outpatient reports from specialist physicians?

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

**[Ask if B25 =1 {"Yes"}]**

B26. And, is this accessible within an individual patient's electronic record?

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

B27. Finally, how about electronic access to a record of prescriptions filled by your patients?

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

**[Ask if B27=1 {"Yes"}]**

B28. And, is this accessible within an individual patient's electronic record?

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

B29. Do the majority of your physicians have the ability to transmit prescriptions via computer or PDA to pharmacies?

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

B30. Would you say the majority of your physicians communicate with patients via e-mail...

1. on a daily basis
2. occasionally
3. never
8. DK
9. REF

### **C. Care Management and Clinical Practice**

**[If A1=4 remind respondent that unless otherwise indicated, responses to all questions should be based on IPA only, not on owned medical group.]**

**[Questions with "PHO" referent are asked only if A10=1 {"Yes"}.]**

**[If A3=2 {"No"} (do not treat asthma), exclude questions with "asthma" referent.]**

**[If A4=2 {"No"} (do not treat CHF), exclude questions with "CHF" referent.]**

**[If A5=2 {"No"} (do not treat depression), exclude questions with "depression" referent.]**

**[If A6=2 {"No"} (do not treat diabetes), exclude questions with "diabetes" referent.]**

**[On C1-C4, include choice 3 {"does a PHO provide you with a list"} below only if A10=1 {"Yes"}]**

**[On C1-C4, if choice 1 {"does your IPA maintain an electronic registry"} = "yes", skip choice 2 {"does your IPA maintain a list of patients?"}]**

*We'd like to ask you a few questions about how your IPA identifies patients with chronic illness. We will ask whether your IPA maintains a simple list of patients with a particular illness or whether your IPA maintains an electronic registry, defined as a list along with associated clinical data for each patient. We will also ask you whether a PHO or health plan with which you contract provides you with a simple list of patients with the illness.*

*For each question, you can choose one or more of the responses. As I read each of them, please say yes or no.*

C1. For a majority of your patients with asthma...

1. does your IPA maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your IPA maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does a PHO provide you with a patient list? Remember, when we say PHO we mean either a physician hospital organization or an integrated delivery system (1=Yes/2=No/8=DK/9=REF)
4. 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 your patients with CHF...

1. does your IPA maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your IPA maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does a PHO provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)
4. 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 your patients with depression...

1. does your IPA maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your IPA maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does a PHO provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)
4. does one or more health plans provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)

C4. For a majority of your patients with diabetes....

1. does your IPA maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your IPA maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does a PHO provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)
4. does one or more health plans provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)

*We will now ask you some questions whether the majority of physicians in your IPA use specific care processes in the treatment of a particular illness.*

*If A10=1, state: For some of these care processes, we will also ask whether a PHO with which your IPA has a significant relationship uses that process.*

*First, we would like to know whether your IPA provides the majority of your physicians with guideline-based reminders for services the patient should receive for use at the time of seeing the patient. An example would be a pop-up within an electronic medical record or a reminder attached to the front of the chart.*

*Does this happen for the IPA's patients with...*

C5. asthma?

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

C6. CHF?

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

C7. depression?

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

C8. diabetes?

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

*We would like to know whether the majority of physicians in your IPA are provided feedback on the quality of the care they deliver to their patients with chronic illness.*

**[Include if A10=1 {"Yes"}]** *We will first ask whether your IPA provides feedback to individual physicians. Then we will ask whether a PHO provides feedback to individual physicians within your IPA or to your IPA as a whole.*

*Does your IPA provide data to your physicians on the quality of their care for patients with...*

C9. asthma?

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

C10. CHF?

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

C11. depression?

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

C12. diabetes?

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

**[If A10=2 {"No"}, skip to C17]**

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

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

C16. diabetes?

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

*Does your IPA routinely send reminders for preventive or follow-up care directly to a majority of patients with...*

C17. asthma?

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

C18. CHF?

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

C19. depression?

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

C20. diabetes?

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

**[If A10=2 {"No"}, skip to C25]**



*Does a PHO routinely send reminders for preventive or follow-up care directly to a majority of patients with...*

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

C24. diabetes?

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

*Does your IPA make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your patients with:*

C25. asthma?

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

C26. CHF?

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

C27. depression?

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

C28. diabetes?

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

**[If A10=2 {"No"}, skip to C33]**

*Does a PHO make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your patients with:*

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

C32. diabetes?

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

*We are interested in whether your IPA provides written materials that explain to patients the guidelines for recommended medical care for their illness - for example, retinal screening for diabetics. Does your IPA provide such written materials directly to patients with...*

C33. asthma?

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

C34. CHF?

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

C35. depression?

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

C36. diabetes?

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

**[If A10=2 {"No"}, skip to C41]**

*Does a PHO provide written materials directly to your patients that explain the guidelines for recommended medical care for patients with...*

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

C40. diabetes?

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

*We are also interested in whether your IPA uses nurse care managers. By "nurse care manager" we mean a nurse whose primary job is to coordinate and improve the quality of care for patients with chronic diseases. We are not asking about nurses whose main task is inpatient utilization management – e.g. getting patients out of the hospital at the appropriate time.*

*Does your IPA provide nurse care managers for patients with severe...*

C41. asthma?

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

C42. CHF?

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

C43. depression?

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

C44. diabetes?

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

**[If A10=2 {"No"}, skip to C49]**

*Does a PHO provide nurse care managers for your IPA's patients with severe...*

C45. asthma?

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

C46. CHF?

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

C47. depression?

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

C48. diabetes?

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

*Does your IPA provide staff to help physicians implement any of the following?*

C49. primary care teams, by which we mean a group of physicians and other 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
- 7. NA
- 8. DK
- 9. REF

C50. “advanced access” or “open access” scheduling that encourages your office staff to offer same-day appointments to virtually all patients who want to be seen.

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

C51. 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
7. NA
8. DK
9. REF

C52. How familiar are you with the Chronic Care Model?

1. very familiar
2. slightly familiar
3. not familiar
8. DK
9. REF

C53. How familiar are you with the rapid cycle quality improvement strategy?

1. very familiar
2. slightly familiar
3. not familiar
8. DK
9. REF

**[If C53=3 {“not familiar”}, skip to C55]**

C54. Does your IPA use the rapid cycle quality improvement strategy?

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

C55. Does your IPA participate in the effort to include involvement in quality improvement work as a criterion for board recertification of primary care physicians?

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

## **D. Relationships with Health Insurance Plans**

*We have several questions for you regarding health insurance plan activities in chronic illness care. In answering these questions, please think about the major health plans that insure your patients.*

*Do any of these health insurance plans:*

- D1. provide data to physicians in your IPA on the quality of their care for patients with chronic illness?
1. Yes
  2. No
  8. DK
  9. REF
- D2. routinely send reminders for preventive or follow-up care directly to your IPA's patients with chronic illness?
1. Yes
  2. No
  8. DK
  9. REF
- D3. Make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your IPA's patients with chronic illness?
1. Yes
  2. No
  8. DK
  9. REF
- D4. Provide written materials directly to patients that explain the guidelines for recommended medical care for their chronic illness - for example, retinal screening for diabetics?
1. Yes
  2. No
  8. DK
  9. REF

D5. Provide nurse care managers for your IPA's patients with severe chronic illness? By "nurse care manager" we mean someone whose primary job is to coordinate and improve the quality of care for patients with chronic diseases. We are 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

D6. How familiar are you with the concept of "disease management" as provided by health plans or by disease management companies?

1. very familiar
2. slightly familiar
3. not familiar
8. DK
9. REF

**[If D6=3 {"not familiar"}, skip to E1]**

*We have a few questions about your perceptions of how useful these health plan disease management programs are.*

*Again thinking about the major health insurance plans that insure your patients, please tell us to what extent you agree with each of the following statements. For each, please tell us whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree:*

D8. Health plan disease management programs are effective in improving the quality of care for our patients with chronic illnesses.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
8. DK
9. REF

D9. Health plan disease management programs provide our IPA's physicians with useful information about individual patients with chronic illnesses.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
8. DK
9. REF



D10. Overall we have a collaborative working relationship with health plan disease management programs.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
8. DK
9. REF

## **E. Performance Incentives**

*We will next ask some questions about performance reporting and incentives.*

*Is your IPA by external entities such as health insurance plans on ...*

E1. measures of patient satisfaction?

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

E2. measures of clinical quality such as HEDIS?

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

E3. use of information technology?

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

E4. During the past year, did your IPA or the individual physicians in the IPA receive any additional income based on measurement of performance on patient satisfaction?

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

E5. During the past year, did your IPA or the individual physicians in the IPA receive any additional income from health plans based on measures of clinical quality such as HEDIS?  
1. Yes  
2. No  
8. DK  
9. REF

E6. During the past year, did your IPA or the individual physicians in the IPA receive any additional income from health plans based on measurements of your performance of adoption or use of information technology?  
1. Yes  
2. No  
8. DK  
9. REF

**[If E4, E5, and E6 =“No”, skip to E9]**

E7. Approximately what percent of your IPA's annual revenue did these additional payments for patient satisfaction, clinical quality and information technology constitute?  
1. Enter percent \_\_\_\_  
888. DK  
999. REF

E8. How strong an incentive is this amount to influence behavior?  
1. Very Strong  
2. Strong  
3. Weak  
4. Not at all  
8. DK  
9. REF

E9. During the past year, did your IPA receive better contracts (for example, better payment, preferred status) with health plans for its performance on measurements of patient satisfaction and/or clinical quality?  
1. Yes  
2. No  
8. DK  
9. REF

E10. During the past year, did your IPA or the individual physicians in the IPA receive additional income from health plans based on efficient utilization of resources?  
1. Yes  
2. No  
8. DK  
9. REF

**[If E10=“No”, skip to E13]**

E11. What percent of your IPA's annual revenue did these additional payments for efficient utilization of resources constitute?

1. Enter percent \_\_\_\_

888. DK

999. REF

E12. How strong an incentive is this amount to influence behavior?

1. Very Strong

2. Strong

3. Weak

4. Not at all

8. DK

9. REF

*At present or within the past year, has your IPA participated in any of the following quality demonstration programs:*

E13. Bridges to Excellence?

1. Yes

2. No

8. DK

9. REF

E14. An IHI Quality Collaborative?

1. Yes

2. No

8. DK

9. REF

E15. Pursuing Perfection?

1. Yes

2. No

8. DK

9. REF

E16. Improving Chronic Illness Care (ICIC)

1. Yes

2. No

8. DK

9. REF

E17. Does your IPA participate in any other quality demonstration programs with any organization external to yours? (If yes, what is the name of that program?)

1. Yes

2. No

8. DK

9. REF

*Now we are going to ask you about the financial impact of your IPA's investment in improving quality for chronic illness. In your most recently completed fiscal year did your IPA's investment in quality improvement, if any, have a positive financial impact, a negative financial impact, or neither for...*

E18. asthma?

1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

E19. CHF?

1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

E20. depression?

1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

E21. diabetes?

1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

## F. Revenue Sources and Compensation Methods

Approximately what percent of your IPA'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, and no insurance or self-pay? These categories should add up to 100%. (interviewer instruction: please probe if it does not add to 100%)

- F1. \_\_\_\_\_ Commercial health insurance
- F2. \_\_\_\_\_ Medicare
- F3. \_\_\_\_\_ Medicaid
- F4. \_\_\_\_\_ Other insurance (e.g. workers' compensation)
- F6. \_\_\_\_\_ Other
- 100%

- 8. DK
- 9. REF

Approximately what percent of your annual revenues come from each of the major types of insurance products: (1) Commercial HMO and POS, (2) Commercial PPO and indemnity insurance, (3) Medicaid managed care, and (4) Medicare managed care. These categories do not need to add up to 100%.

- F7. \_\_\_\_\_ Commercial HMO and POS
- F8. \_\_\_\_\_ Commercial PPO and indemnity insurance
- F9. \_\_\_\_\_ Medicaid managed care
- F10. \_\_\_\_\_ Medicare managed care

- 8. DK
- 9. REF

F11. In your most recently completed fiscal year, did your organization earn a surplus, break even, or incur a loss on its clinical services?

- 1. Earned a surplus
- 2. Broke even
- 3. Incurred a loss
- 8. DK
- 9. REF

During your most recent fiscal year, for approximately what percent of your IPA's HMO and POS patients did you accept some of the financial risk (e.g., capitation payment) for...

- F12. primary care costs
- F13. specialist costs
- F14. hospital costs
- 8. DK
- 9. REF

**[If A3=2 {"mainly non-primary care specialists"}, skip to F21]**

We are 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 six categories:

1. capitation, which we define as compensation based on number of IPA patient's under care, also called panel size. Capitation is not directly tied to number of patient visits or charges;
2. fee-for-service;
3. efficient utilization of resources;
4. patient satisfaction;
5. clinical quality of care; and
6. other categories.

These categories should add up to 100%.

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

- F15. capitation
- F16. fee for service
- F17. efficient utilization of resources
- F18. patient satisfaction
- F19. clinical quality of care
- F20. other factors (please specify what these other categories are)
- 8. DK
- 9. REF

For the majority of your individual specialty physicians what is the average percent of total compensation from your IPA that is based on ...?

- F21. capitation?
- F22. fee for service?
- F23. efficient utilization of resources
- F24. patient satisfaction
- F25. clinical quality of care
- F26. other factors (please specify what these other categories are)
- 8. DK
- 9. REF

## G. Preventive Care and Health Promotion

*Now we would like to ask you some questions about preventive care and health promotion.*

G1. Does your IPA routinely administer a health risk assessment (HRA) protocol or questionnaire directly to patients to identify those who may benefit from counseling or other interventions to reduce their risk factors (do not include health history questionnaires)?

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

**[If G1=2 {"No"}, skip to G4]**

G2. Are the HRA questionnaire results given to the patient's physician?

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

G3. Are the HRA questionnaire results routinely used by your IPA to contact patients who are considered to be at risk?

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

*Does your IPA routinely send reminders directly...*

G4. to women over the age of 50 regarding mammograms?

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

G5. to high risk patients regarding flu shots?

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

**[If A6=2 {"No"}, skip to G7]**

G6. to patients with diabetes regarding eye exams?

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

*Does your IPA offer patients an ongoing and systematic health promotion program in...*

G7. nutrition?

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

G8. weight loss or management?

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

G9. physical activity?

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

G10. STD prevention?

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

G11. smoking cessation?

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

*Does your IPA have a written or formal policy regarding treatment of tobacco dependence stating that your physicians should...*



G12. implement a tobacco-user identification system in every practice?

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

G13. document tobacco-use status in the medical record of every patient?

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

G14. discuss with your IPA's patients who use tobacco their tobacco use, including advising them to quit?

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

G15. provide information to your IPA's patients about methods and strategies to quit, and/or giving them information about medications to aid in smoking cessation?

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

G16. Does your IPA have designated staff to coordinate and provide tobacco dependence treatments?

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

G17. Does your IPA receive financial incentives from HMOs to improve performance on HEDIS smoking measures?

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

G18. Does your IPA evaluate the degree to which physicians provide smoking cessation interventions?

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

G19. Has your IPA used the 2000 Clinical Practice Guideline for Treating Tobacco Use and Dependence published by the Public Health Service (PHS) to improve the way in which your IPA provides smoking cessation services?

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

## H. Organizational Culture

*We have a few final questions about your IPA that we would like you to answer.*

*To what extent do you believe that **the majority of the physicians** in your IPA would agree with each of the following four statements? Would the majority of the physicians in your IPA strongly agree, agree, neither disagree nor agree, disagree, or strongly disagree with each?*

H1. To what extent would they agree that the IPA is a lot like an extended family where people are warm, caring, and loyal; interested in developing each other's potential; and with a fair distribution of rewards.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H2. To what extent would they agree that the IPA is dynamic with people willing to try new things; an emphasis on being first; an emphasis on growth; with the most innovative ideas and actions being the most rewarded.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H3. To what extent would they agree that the IPA is very formalized and structured with an emphasis on rules and regulations, and maintaining stability; and with rewards based mostly on one's rank or position within the organization.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H4. To what extent would they agree that the IPA is very task-oriented and achievement-oriented with leaders helping people meet the organization's goals and objectives and with rewards primarily based on the achievement of those goals and objectives.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

*To what extent do you believe that **the majority of physicians** in your IPA would agree with each of the following statements? Would they strongly agree, agree, neither disagree nor agree, disagree, or strongly disagree with each?*

H5. To what extent would they agree that the IPA 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

H6. To what extent would they agree that the staff promptly resolve patient complaints.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

- H7. To what extent would they agree that the 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
- H8. To what extent would they agree that the IPA 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
- H9. To what extent would they agree that the IPA uses data on patient expectations and/or satisfaction when developing new services.
1. Strongly Disagree
  2. Disagree
  3. Neither Agree nor Disagree
  4. Agree
  5. Strongly Agree
  8. DK
  9. REF

<b>I. California questions</b>
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**[If State=California, ask I1 – I37; else skip to end\*\*\*]**

*We have a number of questions that have been included in the study to evaluate the California Pay for Performance initiative. These should take about 5 more minutes.*

- I1. Does your IPA routinely profile the utilization of your physicians?
1. Yes
  2. No
  7. NA
  9. DK

**[If I1<>1 {"Yes"}, skip to I3]**

I2. How long has your physician IPA routinely profiled the utilization of your own physicians?

1. For 1 year or less
2. 2-4 years
3. 5 or more years
4. We do not profile on this measure type
8. DK
9. REF

I3. Does your IPA routinely profile patient satisfaction with your own physicians?

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

**[If I3<>1 {"Yes"}, skip to I5]**

I4. How long has your physician IPA routinely profiled patient satisfaction with your own physicians?

1. For 1 year or less
2. 2-4 years
3. 5 or more years
4. We do not profile on this measure type
8. DK
9. REF

I5. Does your IPA routinely profile the clinical quality of your physicians?.

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

**[If I5<>1 {"Yes"}, skip to I8]**

I6. How long has your physician IPA routinely profiled the clinical quality of your own physicians?

1. For 1 year or less
2. 2-4 years
3. 5 or more years
4. We do not profile on this measure type
8. DK
9. REF

**[If P4P<>1, then skip to I8]**

I7. Are your profiling efforts for clinical quality limited to the Integrated Healthcare Association (IHA) Pay for Performance clinical measures or are they broader than that?

1. Limited to IHA
2. Broader than IHA
8. DK
9. REF

*We would like to learn about your IPA's activities regarding producing physician specific quality performance reports.*

*Does your IPA provide physician-specific performance reports that you distribute to individual physicians for any of the following clinical quality indicators?*

I8. percent of eligible patients who received childhood immunizations

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

I9. percent of eligible patients who received cervical cancer screening (PAP smear)

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

I10. percent of eligible patients who received breast cancer screening (mammography)

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

I11. percent of patients with persistent asthma that were prescribed appropriate medication

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

I12. percent of patients who received LDL screening test after an acute cardiovascular event

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

I13. percent of patients who had an acute cardiovascular event whose LDL level was below specified thresholds, for example under 130 or under 100

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

I14. percent of patients with diabetes who had a hemoglobin A1c test

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

I15. percent of patients with diabetes that is poorly controlled indicated by a hemoglobin A1c that is greater than 9

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

I16. percent of women 16-25 years of age (identified as sexually active) who had at least one test for Chlamydia

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

I17. Were IPA-level results performance reports for any of these specific clinical indicators distributed to individual physicians in your IPA?

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

**[If (F18+F19=0) and (F24+F25=0), then skip to I19]**

I18. You previously indicated that your IPA pays cash compensation to individual physicians based on their quality performance in the area of patient satisfaction or clinical quality. How many years has your IPA been doing this?

1. Enter years \_\_\_\_\_
8. DK
9. REF

**[If (E4, E5, E6, and E10 = "No"), then skip to I24]**

*You previously indicated that your IPA received financial incentive dollars in the past year based on performance criteria such as patient satisfaction or clinical quality of care. I'm going to name some broad categories, and I want you to tell me approximately what percent of the quality bonus money that your IPA received was allocated to the following categories. The total should add up to 100%.*

- I19. \_\_\_\_\_ Increased physician compensation
  - I20. \_\_\_\_\_ General overhead expenses
  - I21. \_\_\_\_\_ IT investment
  - I22. \_\_\_\_\_ Additional staff
  - I23. \_\_\_\_\_ Other (specify)
- 100%

8. DK
9. REF

I24. Based on the quality bonus dollars that your IPA received in the past year under pay for performance, has the return on investment (ROI) to your IPA been...

1. Positive
2. Neutral
3. Negative
8. DK
9. REF

I25. What percent of ongoing revenue, that is percent of capitation, does pay for performance need to be in order to make the program a compelling motivator for your IPA?

1. Less than 3%
2. 3-5%
3. 6-10%
4. Greater than 10%
8. DK
9. REF



*Using a scale of 1 to 5, where 1 is not effective, 3 is moderately effective, and 5 is very effective, please tell me from your own experience how effective you think each of the following approaches is in changing physician behavior to deliver better quality care.*

I26. Financial incentives

1. Not Effective
- 2.
3. Moderately Effective
- 4.
5. Very Effective
8. DK
9. REF

I27. peer pressure (e.g., performance reports that compare a doctor's performance to other doctors in the IPA)

1. Not Effective
- 2.
3. Moderately Effective
- 4.
5. Very Effective
8. DK
9. REF

I28. public reporting of performance results

1. Not Effective
- 2.
3. Moderately Effective
- 4.
5. Very Effective
8. DK
9. REF

I29. system level assistance (e.g., information systems investment and support)

1. Not Effective
- 2.
3. Moderately Effective
- 4.
5. Very Effective
8. DK
9. REF

*Using a scale of 1 to 5, where 1 is not important, 3 is somewhat important, and 5 is very important, please tell me how important each of the following is as a **motivator** for quality improvement for your IPA.*

I30. Public accountability, that is, publicly available performance results?

1. Not important
- 2.
3. Somewhat important
- 4.
5. Very important
8. DK
9. REF

I31. Improving patient outcomes?

1. Not important
- 2.
3. Somewhat important
- 4.
5. Very important
8. DK
9. REF

I32. Increasing patient satisfaction?

1. Not important
- 2.
3. Somewhat important
- 4.
5. Very important
8. DK
9. REF

I33. Earning pay for performance incentive payments from health plans

1. Not important
- 2.
3. Somewhat important
- 4.
5. Very important
8. DK
9. REF

*Using a scale of 1 to 5, where 1 is no barrier, 3 is a moderate barrier, and 5 is a great barrier, please tell me to what extent each of the following is a barrier to your IPA's quality improvement activities*

I34. Time

1. No barrier
- 2.
3. Moderate barrier
- 4.
5. Great barrier
8. DK
9. REF

I35. Money and other resources to invest in staff, training, or equipment

1. No barrier
- 2.
3. Moderate barrier
- 4.
5. Great barrier
8. DK
9. REF

I36. Information systems

1. No barrier
- 2.
3. Moderate barrier
- 4.
5. Great barrier
8. DK
9. REF

I37. Knowledge and expertise

1. No barrier
- 2.
3. Moderate barrier
- 4.
5. Great barrier
8. DK
9. REF

*\*\*\*Thank you for your time. We will go ahead and send you the \$150 check to the address you provided at the beginning of the interview.*

*Once we have completed interviews with all of the participating physician organizations nationally, we will send you a summary feedback report that you can use for benchmarking and to compare your organization with others around the country.*