

Health eHearts Physician Survey

New York City Department of Health and Mental Hygiene, New York NY

This is a questionnaire designed to be completed by nurses and physicians in an ambulatory setting. The tool includes questions to assess user's perceptions of electronic health records.

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Health eHearts Physician Survey #1

The New York City Department of Health and Mental Hygiene (DOHMH) is conducting a survey about your experiences with quality measurement and programs that provide incentives or bonus payments.

This survey will help the DOHMH better understand what impact the Health eHearts pilot program is having to improve the quality of health care for New Yorkers (i.e., improving the delivery of evidence-based, recommended care). Your participation in this survey and feedback regarding your experiences is much appreciated.

Please be assured that your privacy will be protected at all times. No individual will be identified in any of the analyses or reports related to this survey.

Please complete and return to XXX:

Email:

Fax:

Mail:

I. CURRENT EXPERIENCE WITH QUALITY IMPROVEMENT

1. Does your practice engage in any of the following activities? (Check all that apply)

- Do chart reviews
- Identify patients in need of recommended care
- Generate patient reminders

- Generate and feedback provider reports on quality of care
- Generate physician reminders of need for diabetes-specific services
- None of the above

5. From which of the following do you collect or receive quality of care data? (Check all that apply)

- EHR (e.g., registry or quality measure reports)
- Patient disease registries (e.g., all patients with asthma in your practice)
- Health insurance companies or health plans (e.g., Medicare, Emblem, HIP, GHI, Aetna, Empire, Healthfirst, or Affinity)
- Employer groups
- Accreditation or regulatory agencies
- Medical/professional societies
- None of the above
- Other (*please specify*): -

2. How many hours per week does your practice spend on the activities selected in Question 1? (Please give your best estimate)

_____ **Hours Per Week**

- I did not check any activities in Question 1

6. What is the purpose of current quality measurement activities in your practice? (Check all that apply)

- To meet regulatory requirements
- To provide confirmation to insurance companies regarding patient status(e.g., immunizations, screening tests, lipid panels)
- Incentives/rewards above and beyond normal reimbursement
- Internal quality improvement
- Our practice has no formal process for measuring quality of care
- None of the above

3. What are the reasons for *not* engaging in the activities from Question 1? (Check all that apply)

- I don't have the tools needed to do it
- I don't have the staff needed to do it
- I don't know how to do it
- It's not my job to do it
- I don't think these activities improve patient health outcomes

7. Have you ever looked at quality of care data for the following cardiovascular clinical measures? (Check all that apply)

4. For which of the following aspects of patient care do you receive quality of care data? (Check all that apply)

- Proportion of patients who receive recommended care (e.g., mammograms, immunizations, tests for cholesterol level)
- Patients' clinical outcomes (e.g. % of hypertensive patients with blood pressure control)
- Patient surveys or experience with care
- Other:
- Our practice does not receive quality of care data

- Antithrombotic therapy for patients with ischemic vascular disease (IVD) (e.g., cardiac disease, cerebrovascular disease, peripheral vascular disease)
- Blood pressure control in patients with hypertension
- Cholesterol control in patients with IVD, lipid disorders, or diabetes
- Smoking cessation interventions
- None of the above
- Other (*please specify*):

II. CHALLENGES TO QUALITY IMPROVEMENT

8. Does your practice act on any of the following specific areas for quality improvement? (Check all that apply)

- Antithrombotic therapy for patients with ischemic vascular disease (IVD) (e.g. taking prescribed aspirin)
- Blood pressure control in patients with hypertension (e.g. monitoring blood pressure or taking prescribed blood pressure medication)
- Cholesterol control in patients with lipid disorders, IVD, or diabetes (e.g. getting blood cholesterol checked or taking prescribed cholesterol medications)
- Smoking cessation
- My practice does not act on any of these specific areas → *Skip to Question 10 on page 4*

9. For the following areas, what are the barriers to your patients meeting the following quality targets? (Check all that apply)

<p><i>Antithrombotic therapy for patients with ischemic vascular disease (IVD)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Patients don't follow my treatment recommendations <input type="checkbox"/> I don't have enough time due to patients' complex medical history/psychosocial issues <input type="checkbox"/> I don't have enough time or resources due to focus on other quality targets <input type="checkbox"/> I don't think the recommendations for this guideline are clear <input type="checkbox"/> I disagree with the guideline recommendation <input type="checkbox"/> I agree with the recommendation, but may forget to apply <input type="checkbox"/> Other (<i>please specify</i>): _____ 	<p><i>Cholesterol control in patients with lipid disorders, IVD, or diabetes</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Patients don't follow my treatment recommendations <input type="checkbox"/> I don't have enough time due to patients' complex medical history/psychosocial issues <input type="checkbox"/> I don't have enough time or resources due to focus on other quality targets <input type="checkbox"/> I don't think the recommendations for this guideline are clear <input type="checkbox"/> I disagree with the guideline recommendation <input type="checkbox"/> I agree with the recommendation, but may forget to apply <input type="checkbox"/> Other (<i>please specify</i>): _____
<p><i>Blood pressure control in patients with hypertension</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Patients don't follow my treatment recommendations <input type="checkbox"/> I don't have enough time due to patients' complex medical history/psychosocial issues <input type="checkbox"/> I don't have enough time or resources due to focus on other quality targets <input type="checkbox"/> I don't think the recommendations for this guideline are clear <input type="checkbox"/> I disagree with the guideline recommendation <input type="checkbox"/> I agree with the recommendation, but may forget to apply <input type="checkbox"/> Other (<i>please specify</i>): _____ 	<p><i>Smoking cessation interventions</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Patients don't follow my treatment recommendations <input type="checkbox"/> I don't have enough time due to patients' complex medical history/psychosocial issues <input type="checkbox"/> I don't have enough time or resources due to focus on other quality targets <input type="checkbox"/> I don't think the recommendations for this guideline are clear <input type="checkbox"/> I disagree with the guideline recommendation <input type="checkbox"/> I agree with the recommendation, but may forget to apply <input type="checkbox"/> Other (<i>please specify</i>): _____

III. ATTITUDES TOWARDS POINT OF CARE REMINDERS

	Strongly Agree	Agree	Disagree	Strongly Disagree
10. Electronic point of care reminders are useful for:				
a. Chronic disease management (e.g., blood pressure control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recommended preventive services (e.g., immunizations, screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
11. Addressing electronic reminders at the point of patient care is worth the time it takes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. ATTITUDES TOWARDS QUALITY IMPROVEMENT

	Strongly Agree	Agree	Disagree	Strongly Disagree
12. The data currently used by our practice to assess achievement of quality targets are accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> We do not currently use data to achieve quality targets → Skip to Question 16 on this page				
<hr/>				
13. I get useful feedback regarding progress toward achieving quality targets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
14. I have adequate information about the definitions of the quality targets I am trying to achieve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
15. I am able to exclude patients from being measured on quality targets that are not appropriate for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
16. Quality targets are attainable for my patient population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list specific quality targets that are problematic:

V. ATTITUDES TOWARDS Pay for Performance (P4P)

For the following questions, we are interested in your opinions regarding bonus payment or incentive programs, also commonly referred to as pay for performance (P4P), that reward providers for meeting specific quality targets.

	Strongly Agree	Agree	Disagree	Strongly Disagree
17. The true goal of most incentive programs is to reduce physician reimbursement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. In general, incentive programs are tied to quality targets that are clinically meaningful for my patient population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. In general, the actions necessary to obtain financial incentives are largely within the control of providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If financial incentives were large enough, I would be able to meet quality targets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. For the patient scenarios below, indicate whether the amounts listed per patient is adequate for the suggested action.

	No additional compensation needed	Too much	Enough	Not enough	My practice still could not focus on this quality target
\$20 for prescribing smoking cessation aids for a smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$40 for blood pressure control in an uninsured patient with hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$80 for lipid control in an uninsured patient with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. CURRENT EXPERIENCE WITH Pay for Performance (P4P)

22. Are you currently participating in any pay-for-performance or pay-for-quality, or pay-for-reporting program?

Yes → *Go to Question 23*

No → *Skip to Question 26 on page 6*

Don't know → *Skip to Question 26 on page 6*

23. What types of programs are you currently participating in? (Check all that apply)

NYC Health eHearts

Health Plan incentives or rewards programs

Other programs (please specify) _____

24. If you participate in any financial incentive programs, what are the areas of focus for these programs? (Check all that apply)

- Hypertension
- Hyperlipidemia
- Diabetes
- Prevention of heart attack/stroke (e.g. antithrombotic therapy for those at risk)
- Smoking cessation
- Other Chronic disease management
- Immunizations
- Cancer screening
- Other prevention measures, please specify: _____
- I do not participate in other programs

25. I am more focused on the above quality areas because of financial incentives.

- Strongly Agree Agree Disagree Strongly Disagree
-

VII. BACKGROUND

26. What is your title?

- MD
- DO
- NP
- PA
- Other (please specify): _____

27. Are you male or female?

- Male
- Female

28. How many years have you been *in practice*? _____yrs

29. In a typical week, how many patients do you see at this practice? _____pts

30. How long, in months, have you been using an electronic health record at this practice?

- _____ Months
- I do not use an electronic health record

Thank-you for your participation
Please return the completed survey by (choose one):

Email:
Fax:
Mail:

Many thanks for your feedback!