The Aroostook Medical Center Chronic Care Technology Project: Provider Questionnaire

The Aroostook Medical Center, Presque Isle ME

This is a questionnaire designed to be completed by clinical staff and administrators across a health care system. The tool includes questions to assess the current state of clinical decision support and health information exchange.

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In collaboration with The Aroostook Medical Center (TAMC), The Center for Health Policy, Planning & Research (CHPPR) is conducting an evaluation of health information exchange technology effectiveness. We are interested in learning about how technology improvements in sharing clinical information between healthcare organizations will impact your practice and the care you provide. This questionnaire will be administered by phone and this document will be used as a reference. Please contact Ron Deprez or Denise Yob at CHPPR at 207-221-4560 if you have any questions. Thank you for your participation.

Organization: _____

Provider Name:_____ Job Title:_____

Date: __ __ / __ __ / __ __   Site ID: _____   Respondent ID: _____

A. BACKGROUND QUESTIONS

A1. What is your profession?
☐ Physician   ☐ Nurse Practitioner   ☐ Nurse
☐ Physician Assistant   ☐ Medical Assistant   ☐ Practice Manager
☐ Other: _____

A2. How long have you worked in this profession? _____ years

A3. How long have you worked in your current position? _____ years

A4. What is the highest educational degree or training you have completed?
☐ High School graduate
☐ Some college or junior college
☐ College Graduate
☐ Masters/Ph.D./Other Postgraduate
☐ Medical Degree

A5. Gender ☐ Female   ☐ Male

A6. What is your age? ☐ 17-34   ☐ 35-44   ☐ 45-54   ☐ 55-64   ☐ 65+

B. DELIVERY SYSTEM REDESIGN (Baseline)

The questions in this section focus on your organization's exchange of patient information with other providers over the last three months.

B1. How often has patient treatment information been provided following a referral or transfer to the following providers over the last 3 months?

	Often	Sometimes	Rarely	Never
Hospitalists	1	2	3	4
Home health care nurses	1	2	3	4
Pharmacists	1	2	3	4
Specialists and other physicians	1	2	3	4
Mental health providers	1	2	3	4
Other: Specify _____	1	2	3	4

B2. How often have patient treatment plans been discussed with the following providers? *(over the last 3 months, not including those in your practice)*

	Often	Sometimes	Rarely	Never
Hospitalists	1	2	3	4
Home health care nurses	1	2	3	4
Pharmacists	1	2	3	4
Specialists and other physicians	1	2	3	4
Mental health providers	1	2	3	4
Other: Specify _____	1	2	3	4

B3. How often has information been shared with each of the following providers as part of assisting patients in self-management? *(over the last 3 months)*

	Often	Sometimes	Rarely	Never
Hospitalists	1	2	3	4
Home health care nurses	1	2	3	4
Pharmacists	1	2	3	4
Specialists and other physicians	1	2	3	4
Mental health providers	1	2	3	4
Other: Specify _____	1	2	3	4

B4. How often has patient information been exchanged for collaborative decision-making about patients with the following providers? *(over the last 3 months)*

	Often	Sometimes	Rarely	Never
Hospitalists	1	2	3	4
Home health care nurses	1	2	3	4
Pharmacists	1	2	3	4
Specialists and other physician	1	2	3	4
Mental health providers	1	2	3	4
Other: Specify _____	1	2	3	4

C. PATIENT SELF-MANAGEMENT STRATEGIES AND ACTIVITIES

Questions C1 through C7 focus on your organization's use of patient self-management support resources for patients with chronic disease/conditions.	C1. Which of the following types of information does your organization provide to patients with chronic conditions? No Yes	C2. How often does your organization provide this information? 1- Every contact 2- First contact only 3- Other: (specify)	C3. For what percent of your patients with chronic disease/ conditions is this information provided?	C4 . What was the source of this Information? 1- Created by Practice 2- Medical Information Source 3- Other: (specify)	C5. How satisfied are you with the quality of the information you are able to provide? 1- Very Satisfied 2- Somewhat Satisfied 3- Not Satisfied
		ASK C2-C5 FOR EACH YES in C1a-h.			
a. Written materials about a specific chronic condition	0 1 →	1 2 3: _____	_____ %	1 2 3: _____	1 2 3
b. Written materials about how to manage a specific chronic disease/ condition	0 1 →	1 2 3 _____	_____ %	1 2 3: _____	1 2 3
c. Electronic information about a specific chronic disease/condition	0 1 →	1 2 3 _____	_____ %	1 2 3: _____	1 2 3
d. Electronic information about how to manage a specific chronic disease/condition	0 1 →	1 2 3 _____	_____ %	1 2 3: _____	1 2 3
e. Individual or group classes about a specific chronic disease/ condition	0 1 →	1 2 3 _____	_____ %	1 2 3: _____	1 2 3
f. Individual or group classes about how to manage it	0 1 →	1 2 3 _____	_____ %	1 2 3: _____	1 2 3
g. Support group contacts about a specific chronic disease/condition	0 1 →	1 2 3 _____	_____ %	1 2 3: _____	1 2 3
h. Support group contacts about how to manage it	0 1 →	1 2 3 _____	_____ %	1 2 3: _____	1 2 3

C6. Are patient self-management needs and activities assessed and documented?
☐ No   ☐ Yes
→ If no, go to C7. If yes, complete a-c.

a. Are assessments and documentation of self-management needs expected?	☐ Yes
b. Are assessments and documentation completed in a standardized manner?	☐ Yes
c. Are self-management needs and activities regularly assessed and recorded in standardized form linked to a treatment plan available to the practice and patients?	☐ Yes

C7. Are the concerns of patients and families consistently addressed?
☐ No   ☐ Yes   → If yes, complete a-c.

a. Are the concerns of specific patients and families addressed through referral?	☐ Yes
b. Are concerns encouraged, and peer support groups and mentoring programs available?	☐ Yes
c. Are responses to concerns an integral part of care that includes systematic assessment and routine involvement in peer support groups or mentoring programs?	☐ Yes

D. DECISION SUPPORT

D1. What types of patient information does your organization usually share with the following providers?	Hospitalists	Home health care nurses	Pharmacists	Other physicians including specialists	Mental health providers
a. Diagnosis	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
b. Disease Severity	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
c. Medications	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
d. Pathology Results	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
e. Patient Self-Management Needs	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
f. Other: _____	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes

The next set of questions asks about ways in which your organization's clinical decisions are supported.

	Any Chronic Disease/Condition	COPD	Diabetes	Hypertension	Hypercholesterol
D2. Do you employ a system that provides reminders to providers on guidelines and standards for the diagnosis or treatment of the following chronic diseases or conditions?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
D3. What methods do you employ?	☐ Disease Registry ☐ Tickler Sheet ☐ Flow Chart ☐ Posted Office Chart ☐ Other	☐ Disease Registry ☐ Tickler Sheet ☐ Flow Chart ☐ Posted Office Chart ☐ Other	☐ Disease Registry ☐ Tickler Sheet ☐ Flow Chart ☐ Posted Office Chart ☐ Other	☐ Disease Registry ☐ Tickler Sheet ☐ Flow Chart ☐ Posted Office Chart ☐ Other	☐ Disease Registry ☐ Tickler Sheet ☐ Flow Chart ☐ Posted Office Chart ☐ Other
D4. Have you attended any CME/CEU Programs on the diagnosis and treatment for any of these medical conditions over the past 3 months?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
D5. Have your consultations with clinical specialists for the care of patients with chronic disease increased, stayed the same, or decreased over the past 3 months?	☐ Increased ☐ No Change ☐ Decreased	☐ Increased ☐ No Change ☐ Decreased	☐ Increased ☐ No Change ☐ Decreased	☐ Increased ☐ No Change ☐ Decreased	☐ Increased ☐ No Change ☐ Decreased
D6. How often do you usually refer patients with any of the following conditions to outside clinical specialists?	☐ Always ☐ Sometimes (Depends on severity) ☐ Rarely ☐ Never	☐ Always ☐ Sometimes (Depends on severity) ☐ Rarely ☐ Never	☐ Always ☐ Sometimes (Depends on severity) ☐ Rarely ☐ Never	☐ Always ☐ Sometimes (Depends on severity) ☐ Rarely ☐ Never	☐ Always ☐ Sometimes (Depends on severity) ☐ Rarely ☐ Never

D7. What additional types of information should be exchanged to improve the quality of care for your patients? _____

E. COMMUNITY LINKAGES

E1. How often does your organization refer patients to services outside your practice for the following conditions?

	Always	Sometimes-Depends on severity	Rarely	Never	Specify: commonly referred services 1- Weight Reduction 2- Smoking Cessation 3- Exercise Program 4- Mental Health Services 5: Other
a. COPD	1	2	3	4	
b. Diabetes	1	2	3	4	
c. Hypertension	1	2	3	4	
d. Hypercholesterol	1	2	3	4	
e. Depression	1	2	3	4	

E2. Has anyone in your organization participated in helping to acquire community resources to meet your patient needs?   ☐ No ☐ Yes

E3. Has anyone in your organization participated in community resource collaborations for patient self-management support?   ☐ No ☐ Yes → Specify: _____

_____

F. HEALTH SYSTEM SUPPORT

Please indicate your level of agreement with each of the following items.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	DK
F1. Your organization's senior leadership clearly articulates practice values relative to quality of care and continuous quality improvement.	1	2	3	4	5	8
F2. The behavior of senior leadership is consistent with values relative to quality of care and continuous quality improvement.	1	2	3	4	5	8
F3. Senior leadership demonstrates an ability to manage the technology changes needed to improve quality of care and services.	1	2	3	4	5	8
F4. Senior leadership generates confidence in staff that quality improvement efforts will succeed.	1	2	3	4	5	8
F5. Senior leadership provides adequate resources to ensure successful technology implementation.	1	2	3	4	5	8
F6. Chronic care improvement is a high priority among your organization's senior leadership.	1	2	3	4	5	8
F7. Chronic care improvement is a high priority among providers at your organization.	1	2	3	4	5	8
F8. Chronic care improvement is a high priority among front office staff at your organization.	1	2	3	4	5	8

G. TECHNOLOGY CHANGE

G1. What types of technology changes has your organization recently implemented? _____

_____

G2. What additional types of technology changes is your organization considering? _____

_____

G3. What will be the biggest hurdles to overcome as your organization implements technology changes to improve the exchange of patient information? _____

_____

Please indicate how much you agree or disagree with the following statements about the potential impact of implementing technology changes in the exchange of patient information.
Success in implementiion…

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	DK
G4. will enable your organization to make changes that improve the process of care.	1	2	3	4	5	8
G5. will enable your organization to make changes to other parts of your organization.	1	2	3	4	5	8
G6. will improve quality of care for patients with chronic illness.	1	2	3	4	5	8
G7. will improve feelings of accomplishment in your work.	1	2	3	4	5	8
G8. will improve patient satisfaction with their care.	1	2	3	4	5	8
G9. will improve patient clinical outcomes.	1	2	3	4	5	8

ADDITIONAL RESPONSES/COMMENTS

Question Number	Additional Response/Comment

THANK YOU FOR YOUR PARTICIPATION