

Goldberg DG, Kuzel AJ. Elements of the patient-centered medical home in family practices in Virginia. *Ann Fam Med*. 2009;7(4):301-308.

<http://www.annfammed.org/cgi/content/full/7/4/301/DC1>

Supplemental Appendix

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

VCU Family Medicine Practice Survey

START HERE: Indicate name of physician practice: _____

Team-Based Care

1. Does your practice use any of the following ancillary care providers? Check all that apply.

- Nurses (LPN/RN)
- Nurse practitioners
- Physician assistants
- Patient education
- Mental health specialist
- Medical assistant
- None of the above

Patient Registries

2. Does your practice maintain a registry or list of patients with the following conditions? Check all that apply.

- Asthma
- Congestive heart failure
- Depression
- Diabetes
- Coronary artery disease
- Other: _____
- None of the above

Patient Self-Management

3. Does your practice offer programs or services to increase patient self-management skills for the following conditions (beyond physician counseling during usual office visits)? Check all that apply.

- Asthma
- Congestive heart failure
- Depression
- Diabetes
- Coronary artery disease
- Other: _____
- None of the above

Alternative Scheduling Arrangements

4. Indicate whether your practice provides the following patient care options. Check all that apply.
- Scheduled evening or weekend visits
 - On-call evening or weekend visits
 - Group visits (more than one patient receiving patient education, guidance, etc, at the same time and place)
 - Telephone consultations
 - E-mail consultation
 - Rapid access (same day appointments for urgent and nonurgent conditions)

Clinical Guidelines

5. Does your practice use nationally recognized evidence-based guidelines to care for patients? Check one.
- Yes, we utilize guidelines for numerous diseases
 - Yes, we utilize guidelines for one to three diseases
 - No, we rely on our professional training
 - No, the available guidelines don't suit our patient population (If No, then move to question 7)
6. Are the physicians in your practice trained (continuing education, in-house, formal education) on the use of these guidelines? Check one.
- Yes, on numerous guidelines
 - Yes, on some of the guidelines
 - No, not at this time
 - Don't know

Patient Satisfaction Surveys

7. Does your practice administer patient satisfaction surveys? Check one.
- Yes, we have administered a patient satisfaction survey within the last year
 - Yes, we have administered a patient satisfaction survey within the last two years
 - Not yet, but we intend to do so in the future
 - No, we don't plan to administer a patient satisfaction survey (If No, then move to question 9)
8. Does your practice initiate change based on the results of patient satisfaction surveys? Check one.
- Yes, after each survey
 - Yes, after some surveys
 - Not yet
 - Don't know

Information Systems

9. Does your practice use an electronic medical record for patients?
- Yes
 - No (If No, then move to question 11)

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10. Which of the following pieces of information are included on your individual patient's electronic medical record? Check all that apply.

- A patient problem list (inventory of all patient problems/conditions)
- Ambulatory visit data (encounters)
- Emergency room visits
- Services provided by other specialists
- Inpatient stays
- Medications
- Radiology findings
- Problem specific clinical guidelines
- Medication ordering reminders and/or drug interaction information
- Laboratory findings

Continuity of Care

11. Does your practice have specific processes to ensure continuity of care (in-person, phone, and/or e-mail) so that most of the time patients receive care from their personal physician? Check one.

- We utilize formal processes for continuity of care
- We utilize informal processes for continuity of care
- Not currently, but we plan to develop processes in the future
- Not at this time

Comprehensive Care

12. Does your practice provide care to the following patients? Check all that apply.

- Adults
- Children
- Infants
- Males
- Females
- All of these

13. Does your practice provide the following types of care? Check all that apply.

- Preventive care
- Acute care
- Rehabilitative care
- Chronic illness care
- Mental health care
- Prenatal care
- Obstetrics
- Gynecology

Community Linkages

14. What types of relationships does your practice have with community service organizations (eg, senior centers, support groups, health department) for your chronically ill patients? Check one.

- Written agreements
- Informal agreements
- We don't have formal relationships with community service organizations

Office Space

15. Has your practice evaluated your office space to consider whether the facility(s) are functional to meet patient needs and expectations? Check one.

- Yes, evaluation by outside organization
- Yes, evaluation by internal staff
- No, but we plan to review our office space in the future
- No, a review is not needed for our facility
- No, we have not reviewed our office space

16. Does your office space accommodate the following? Check all that apply.

- Group visits (more than one patient receiving patient education, etc, at the same time and place)
- Patient library and/or computer work stations for patient education
- Special needs patients (eg, physical disability, psychological disorder)
- None of these at this time

Translation Services

17. Do you have non-English speaking patients?

- Yes
- No (If No, then move to question 19)

18. Does your practice have provisions for linguistic services (staff member, translation service, etc) for the non-English speaking population in your service area? Check one.

- We utilize internal staff for translation
- We utilize an outside translation service
- We utilize both internal staff and a translation service
- We don't have enough non-English speaking patients to justify this service
- We don't offer translation service at this time

Performance Measurement and Monitoring

19. Does your practice measure and monitor the following kinds of patient care data? Check all that apply.

- Clinician use of evidence-based guidelines
- Results of clinical quality improvement projects
- Outcome data for selected conditions
- None of these at this time

20. Does your group provide written feedback reports or data to physicians and practice teams regarding their clinical performance? Check one.

- Yes, at least once per month
- Yes, at least once per year
- We plan to in the future
- No, it is not practical for our practice

21. Does someone in your practice review the practice's financial performance? Check one.

- Yes, at least once per month
- Yes, at least once per year
- We plan to in the future
- No, it is not practical for our practice

Patient and Employee Services

22. Does your practice offer services or products to patients that are not covered by insurance plans or health programs (vitamins, cosmetic, etc)?

- Yes
- No

23. Does your practice offer any of the following diagnostic testing? Check all that apply.

- Bone mineral density testing
- Colposcopy
- Pulmonary function
- Stress tests
- Hearing tests
- None at this time

24. Do you have any programs or services that focus on improving employee morale and/or teamwork?

- Yes
- No

Market Assessment

25. Which of the following trends in the community and/or state does your practice review? Check all that apply.

- Community/regional disease patterns
- Regulatory actions
- Competition (family medicine or other primary care services)
- Resource availability (staffing, medical supplies/equipment, specialist care)
- Demand for services
- Patient demographics (geographic location, age, sex, ethnic background)
- None at this time

External Organizations

Indicate your agreement with the following statements

26. The Medicare rules and regulations have made it almost impossible to practice in this environment.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

27. Some aspects of the Medicare rules and regulations have actually made it easier to practice.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

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28. The rules and requirements set forth by Medicare are changing so fast it is difficult to keep up with them.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

29. The physicians in our practice have deep knowledge of the rules and requirements from Medicare.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

30. Managed care organizations' rules and regulations have made it almost impossible to practice in this environment.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

31. Some aspects of managed care organizations' rules and regulations have actually made it easier to practice.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

32. The rules and requirements set forth by managed care organizations are changing so fast it is difficult to keep up with them.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

33. The physicians in our practice have deep knowledge of the rules and requirements from managed care organizations.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

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34. We have changed our practice as a result of interactions with professional associations (American Medical Association, Virginia Academy of Family Physicians, etc).

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

35. We have changed our practice as a result of expectations or demands from groups that represent patient concerns (eg, AARP, American Cancer Society).

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

36. We have changed our practice as a result of expectations or demands from patients.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

37. Our practice actively looks for information on best practices from other offices, hospitals, or organizations.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Organizational Characteristics

38. What is your practice type?

Check one.

- Single specialty
- Multispecialty with primary care only
- Multispecialty with primary care and specialty care

Check one.

- Private practice
- Non-profit clinic federally or state funded
- Non-profit clinic privately funded
- Academic/teaching clinic
- Urgent Care Center

39. At the present time, what is the total number of physicians in your medical practice (regardless of full-time or part-time status)?

_____ Number

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40. How many full-time equivalent (FTE) physicians and physician extenders work in your office?
(For example, two full-time physicians and one 90% physician would total 2.9 FTE)

_____ Physician FTE _____ Physician Extender FTE

41. Is your practice owned (full or partial) by an outside entity? Check one.

- Yes, full or partial ownership by a health plan
- Yes, full or partial ownership by a hospital
- Yes, by other
- No

42. Does your practice have contractual relationships with another practice, university, hospital, or health care system (excluding managed care organizations and insurance companies)?

- We have written agreement(s) to provide services for a stipulated fee
- We have other types of written agreement(s) with health care organization(s)
- We have no contractual relationships with other health care organizations

43. How long has the practice been in existence in its current location?

_____ Number of years

44. Position of respondent (eg, staff physician, medical director, office administrator):

45. Address of physician practice:
