
http://www.annfammed.org/cgi/content/full/8/Suppl_1/S9/DC1

**Supplemental Appendix 1. Baseline Practice Survey (attached)**

The appendix begins on the next page.
**Untitled Page**

Please note: This online application is conducted through a program (SurveyMonkey) which will save the progress of your application as long as you return to the application from the same computer.

**Call for Practice Partners for Moving Toward a New Model of Care:**

**Introduction...**

The TransformED National Demonstration Project (NDP) seeks family medicine practices that want to move toward the New Model as proposed in the Future of Family Medicine report.* The New Model brings together the enduring values of family medicine with new technologies and approaches to practice to better serve the needs of patients in the 21st century. It involves providing patients with a personal medical home emphasizing a patient-centered care approach that eliminates barriers to access. The New Model proposes a team approach to care, utilizing advanced information systems, including a standardized electronic health record, redesigned, more functional offices, a whole-person orientation that focuses on care provided in a community context, quality and safety. New Model practices will provide patients a defined basket of services; this will help to clarify patients’ expectations of a family medicine practice. The New Model was analyzed by FFM’s Task Force Six which projected that a family medicine practice that converts to the New Model will experience improved quality of care for their patients and enhanced practice finance.* TransformED is seeking up to 20 family medicine practices to participate in this 30 month project to transform practices to the New Model of care. This will involve substantial effort to change a practice so that it epitomizes all aspects of the New Model. Practices will be provided with an in-depth practice assessment, ongoing facilitation of the change process and discounted access to practice system resources. Practices will participate together in a comprehensive evaluation and in the evolution of the New Model as learning occurs from the implementation process. Ongoing dissemination of what is learned will be shared among the selected sites and within the larger practice community, and will form the basis for future efforts to transform family medicine to better meet the needs of patients and practices. Some of the practices not selected for this initial project will be offered the opportunity to participate in a briefer practice assessment, serving as a comparison group for the initial demonstration, and then as the first practices to participate in the subsequent wider implementation phase of the program. * The New Model Practice is described in the Task Force 1 Report and the main Future of Family Medicine report available at: [http://annfammed.org/content/vol2/suppl_1/index.shtml](http://annfammed.org/content/vol2/suppl_1/index.shtml), with a financial analysis of the New Model Practice available at: [http://annfammed.org/content/vol2/suppl_3/index.shtml](http://annfammed.org/content/vol2/suppl_3/index.shtml)

**NDP Practice Selection Process**

Interested practices should complete the online application prior to a deadline of January 30, 2006. An Advisory Committee will review and rank all applications, and the TransformED Board will make the final selections based on the criteria described below. The Advisory Committee and Board seek diverse practices in order to maximize learning from this demonstration project. Practices will be chosen to maximize diversity in the following categories:

- Size (Most will be 3-8 clinician practices, since this may be the ideal size for a New Model practice, but inclusion of other sizes is important to assess the generalizability of the New Model.)
- Urban, Rural, Suburban location
- Patient population
- Single-Specialty Group, Small Multispecialty Group, Community Health Center (Practices must include at least one family physician.)
- Ownership (physician, health care system/hospital, other)
- Established vs. new (we anticipate including 2 new practices)
- Two residency training practices will be chosen
- Degree to which the practice may have already implemented the components of the New Model (such as EHRs, open access scheduling, disease management programs, team approaches to care, etc).

During March and April, the TransformED team will contact a short list practices to gather further information, answer questions, and negotiate the details of participation. These practices will also be site visited. It is expected that the final list of committed sites will be publicly announced by May 1, 2005, in anticipation of beginning work with practices at a Project Launch meeting Kansas City June 2-4, 2006.
Practice Requirements
Practices must meet the following criteria to be considered:
• Implementation. A firm commitment to implement all components of the New Model during the 30 month demonstration project, and to participate in the evaluation, shared learning and dissemination of what is learned.
• Evaluation. Practices will actively participate in an evaluation process. The information needed for the evaluation is also needed to tailor the New Model implementation to the unique characteristics of each practice. Practice Enhancement Assistants will work with practices both to gather information for this evaluation and to assist practices with developing and implementing an individualized plan for implementing the New Model. Practices must commit the time and energy to participate in this evaluation. Practices also will be visited every 6 months by an evaluation nurse who will conduct medical record reviews and patient and staff surveys to assess outcomes of the New Model transition.
• Dissemination. Practices must agree to be featured in ongoing dissemination of learning from the process of practice transformation. This will involve being featured in case studies in the TransforMED website and other venues. Additional dissemination through the scientific literature will not name specific practices without permission, but because of the small number of practices participating, practices may be identifiable.
• Staff. Participating practices will need to commit to providing necessary staff time to participate in the NDP evaluation, including a lead physician and staff member who will be expected to:
  1) Lead regular practice meetings (with and without the TransforMED Practice Enhancement Assistants) to guide the transformation process
  2) Meet with TransforMED consultants and/or evaluators as required to ascertain New Model progress
  3) Participate in conference calls, video conferences, emails and web message boards to discuss best practices with other participating NDP practices

NDP Practice Criteria
Required
• Commitment to practice transformation including all components of the New Model
• Completion of the application by January 31, 2006
• Commitment to participate in the evaluation and dissemination processes
• Commitment to work collaboratively with TransforMED and with other participating practices
• Readiness to start the process in June, 2006 and participate in the Practice Launch meeting on June 2-4, 2006

Not Required but will improve chance of selection
• Identified opportunity to engage local payers or health care systems in pilot projects that support the New Model (such as paying for electronic visits)
• Agreement of all practice clinicians to participate

How to Apply
Practices must complete and submit this online application to be considered for the NDP. More information on the NDP and the application can be found at www.transformedinc.com. We encourage practices to engage as many of their practice members and potential partners in communicating about your commitment to what will be an exciting but at times challenging transformative process. If you have questions about this application, please contact Marilyn McMillen, TransforMED Executive Director, mmcmillen@transformedinc.com or 913.906.6000, extension 1181.

Medical Practice Application
Application Instructions
When filling out this application, practices should use the following guide:
• Applicants must answer all questions
• Gathering the necessary information and completing this application may take up to several hours (depending on the availability of the information you need to answer these questions). This online program (SurveyMonkey) will save the progress of your application as long as you return to the application from the same computer.
• SurveyMonkey does not currently offer the ability to print out the application, however, if you would
Baseline Practice Survey

To print out the application prior to filling it out, you can do so by choosing the print function from your browser under the "File" menu. Note: you will need to do this for each page view of the application.

Anyone applying who is planning to start a new practice may not be able to answer all questions but should try to answer as many questions as possible based on what you anticipate the new practice will be like.

**Practice Demographics**

1. Enter the following information about the PRACTICE:
   - Practice name:
   - Address:
   - City:
   - State:
   - Zip:
   - Email:
   - Phone:
   - Fax:
   - Website:

2. Age of Practice
   - Number of years has this practice been in existence:
     - If a new practice, please indicate the date when you anticipate the practice to begin:

3. Please choose one of the following that best describes your practice size (Clinician refers to physicians, nurse practitioners, physician assistants, or other revenue generating physicians):
   - Solo
   - 2-clinician practice
   - Medium Family Medicine Group (3-5 clinicians same specialty practice)
   - Large Family Medicine Group (6 or more same specialty clinicians)
   - Multi-Specialty Group
   - Faculty/resident practice
   - Other (please specify)

4. Which clinical specialties are represented in this practice (choose all that apply)?
   - Family Medicine
   - Internal Medicine
   - Pediatrics
   - OB/GYN
   - Other (please specify)

5. Is your practice a Federally Qualified Community Health Center?
   - Yes
   - No

6. Is your practice a Residency Training Practice?
   - Yes
   - No
   - If no, do you regularly have residents in your practice for training?

7. Do you precept medical students in the practice?
   - Yes
   - No
8. Size of the community in which your practice is located:
- <5,000 not within 25 miles of a major city
- <5,000 within 25 miles of a major city
- 5,000-10,000 not within 25 miles of a major city
- 5,000-10,000 within 25 miles of a major city
- 10,001-25,000 not within 25 miles of a major city
- 10,001-25,000 within 25 miles of a major city
- 25,001-100,000
- 100,001-500,000
- 500,000

9. Please indicate approximately what number of patients are seen in a typical week in the following categories:
Office Visits
Hospital Visits
Emergency Department Visits
Home Visits
Nursing Home Visit

Source of estimates
(1=EMR, 2=billing data, 3=best guess)

10. If your practice is participating in a practice-based research network, please indicate which one(s).

11. Please describe patient visits for your practice. (Please provide a numerical response)
What is the approximate number of patient visits per clinician per year at this practice
Source of estimates
(1=EMR, 2=billing data, 3=best guess)

12. Please indicate the approximate percent of your patients that fall into the following gender categories.
Female
Male
Source of estimates
(1=EMR, 2=billing data, 3=best guess)

13. Please indicate the approximate percent of your patients that fall into the following age categories. (Must total 100%)
Under 3 years
3-17 years
18-24 years
25-44 years
45-64 years
65-74 years
75 years & older
Source of estimates
(1=EMR, 2=billing data, 3=best guess)
14. Please give the approximate percentage of your patients in the following racial categories. (Must total 100%)
White
Black/African American
Native American,
American Indian or
Alaska Native
Asian or Pacific Islander
Other

15. Please indicate the approximate percentage of your patients that are of Hispanic/Latino ethnicity

16. Please indicate the percent of your patients that fall into each payment method category. (Must total 100%)
Private health insurance (capitated)
Private health insurance (fee for service)
Medicare
Medicaid/other government assistance
Uninsured
Other

17. Is there a specific managed care plan that controls over 50% of your practice’s total business?

[ ] Yes
[ ] No

18. In an average week of work, for how many patients did your practice provide free or discounted care because of limitations of the patient’s financial status (exclude Medicaid and Medicare patients)?

Practice Staffing Demographics
Information about the clinicians (MD, DO, NP, and PA) and office staff of the practice applying to participate in the National Demonstration Project.

19. Identify the main physician contact for the practice’s involvement in the TransforMED NDP:
Name
Specialty
Direct Phone Number
Email
Board certification
Total years in practice
20. Describe the physicians in your practice

<table>
<thead>
<tr>
<th>Degree</th>
<th>Years In Practice</th>
<th>Specialty</th>
<th>Board Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<td>11</td>
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<tr>
<td>12</td>
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</tr>
</tbody>
</table>

21. Please complete the following regarding the number of clinicians in your practice and their FTEs (full time equivalent):

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DO</td>
<td></td>
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<td></td>
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<tr>
<td>NP</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td></td>
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<td></td>
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<tr>
<td>Other Clinician(s)</td>
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</tbody>
</table>

22. Describe any planned or proposed changes to the number of clinicians on staff at this practice.

__________________________________________________________________________________

23. How does your practice measure clinician (MD, DO, NP, PA) satisfaction?

- [ ] Suggestion box
- [ ] Survey
- [ ] Don't measure
- [ ] Other (please specify)

24. Has your practice made any changes based on your measurement of clinician satisfaction?

- [ ] Yes
- [ ] No

25. How does your practice motivate clinicians (MD, DO, NP, PA)? (Fill all that apply)

- [ ] Compensation bonus
- [ ] Socializing opportunities
- [ ] Travel opportunities
- [ ] Continuing education opportunities
- [ ] Recognition
- [ ] Encourage development of new skills
- [ ] Career advancement
- [ ] Other (please specify)
26. Please complete the following regarding the number of staff in your practice and their FTEs:

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td></td>
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<tr>
<td>LPN</td>
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<tr>
<td>Medical Assistant</td>
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<td></td>
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<tr>
<td>(CMA/MA)</td>
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<td></td>
<td></td>
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<tr>
<td>Clerks/Receptionists/Billing</td>
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<tr>
<td>Medical Records Technician</td>
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<tr>
<td>Information Technology</td>
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<tr>
<td>Technician</td>
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<tr>
<td>Social Worker/ Financial Counselor</td>
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<tr>
<td>Dietician</td>
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<tr>
<td>Allied health staff (lab, Xray, EKG tech, physician therapist)</td>
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<tr>
<td>Practice Manager</td>
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<tr>
<td>Patient Educators</td>
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<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. Please indicate the involvement of your practice’s MEDICAL ASSISTANTS (CMA/MA) in the following activities: (Check all that apply)

- Patient Triage (none, some, and a lot)
- Patient telephone advice
- Medication refills
- Health behavior counseling
- Chronic disease management
- Medical history taking
- Immunizations by protocol
- Patient follow-up

28. Please indicate the involvement of your practice’s NURSES (RN or LPN) in the following activities. (Check all that apply)

- Patient Triage
- Patient telephone advice
- Medication refills
- Health behavior counseling
- Chronic disease management
- Medical history taking
- Immunizations by protocol
- Patient follow-up

29. Describe any planned or proposed changes to the number of office staff (nonphysician medical or administrative).

30. How many have left the practice within the last year?
   - Clinicians ___
   - Staff ___

31. How many have joined the practice within the last year?
   - Clinicians ___
   - Staff ___
32. How does your practice measure staff satisfaction? (Check all that apply)

- Suggestion box
- Survey
- Don't measure
- Other (please specify)

33. Has your practice made any changes based on your measurement of staff satisfaction?

- Yes
- No

34. How does the practice motivate staff? (Fill all that apply)

- Compensation bonus
- Socializing opportunities
- Travel opportunities
- Continuing education opportunities
- Recognition
- Encourage development of new skills
- Career advancement
- Other (please specify)

The following 5 questions relate to the type of practice that your organization is most like. Each of these items contains four descriptions of practices. Please distribute 100 points among the four descriptions depending on how similar the description is to your practice. None of the descriptions is any better than the others they are just different. For each question, please use all 100 points. If a description does not fit your practice at all, please enter "0" rather than leaving a blank. For example, in the question below, if hypothetical Practice A seems very similar to mine, B seems somewhat similar, and C and D not seem similar at all, I might enter "70" points for A, "30" points for B, "0" points for C, and "0" points for D.

35. Practice Character (Please distribute 100 points)

Practice Organization A is a very personal place. It is a lot like an extended family. People seem to share a lot of themselves.

Practice Organization B is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.

Practice Organization C is a very formalized and structured place. Procedures generally govern what people do.

Practice Organization D is a very production oriented place. A major concern is with getting the job done and meeting targets.
36. Practice’s Leaders (Please distribute 100 points)

Leaders in Practice Organization A are warm and caring - They seek to develop employees’ full potential and act as their mentors or guides.

Leaders in Practice Organization B are risk takers. They encourage everyone to take risks and be innovative.

Leaders in Practice Organization C are rule enforcers. They expect employees to follow established rules, policies, and procedures.

Leaders in Practice Organization D are coordinators and coaches. They help everyone meet the practice’s goals and objectives.

37. Practice Cohesion (Please distribute 100 points)

The glue that holds Practice Organization A together is loyalty and tradition. Commitment to this practice runs high.

The glue that holds Practice Organization B together is commitment to innovation and development. There is an emphasis on being first.

The glue that holds Practice Organization C together is formal rules and policies. Maintaining a smooth running operation is important here.

The glue that holds Practice Organization D together is an emphasis on tasks and goal accomplishment. A production orientation is commonly shared.
38. Practice Emphases (Please distribute 100 points)

Practice Organization A emphasizes human resources. High cohesion and morale in the organization are important.

Practice Organization B emphasizes growth and acquiring new resources. Readiness to meet new challenges is important.

Practice Organization C emphasizes permanence and stability. Efficient, smooth operations are important.

Practice Organization D emphasizes competitive actions and achievement. Measurable goals are important.

39. Practice Rewards (Please distribute 100 points)

Practice Organization A distributes its rewards fairly equally among its members. It's important that everyone from top to bottom be treated as equally as possible.

Practice Organization B distributes its rewards based on individual initiative. Those with innovative ideas and actions are most rewarded.

Practice Organization C distributes its rewards based on rank. The higher you are, the more you get.

Practice Organization D distributes its rewards based on achievement of objectives. Individuals who provide leadership and contribute to attaining the practice's goals are rewarded.

Practice Characteristics

40. Please describe any practice management software utilized by your practice

41. Do clinicians in your practice have hospital admission and procedures privileges?

- All
- Some
- None
42. Indicate the types of patient care included in your practice
- Prenatal Care
- Deliver babies
- Minor surgery
- Urgent/Emergent Care

43. Which of the following procedures/services are performed in your practice? (Check all that apply)
- Flexible sigmoidoscopy
- Colonoscopy
- EKG
- Dermatologic procedures
- Vasectomy
- Colposcopy
- Cervical screenings/pap smears

44. Where do the majority of your patients go for routine lab work? (Check all that apply)
- Lab located within the practice
- Lab located outside the practice but within the same building
- Lab located away from the building where your practice is located
- If lab work is done outside, check here if the specimen collected onsite

45. If the lab is located within your practice, indicate the level of complexity:
- Waived
- Provider performed microscopy lab
- Moderate complexity lab
- High complexity lab
- No lab in practice

46. Where do the majority of your patients go for routine X-rays?
- X-ray equipment located within the practice
- X-ray facility located outside the practice but within the same building
- X-ray facility located away from the building where your practice is located

Practice Information
The following section of the survey is devoted to learning more about the practice. The NDP will seek to enlist various types of practices offering different services.

47. What is the legal structure of the practice?
- S Corporation
- C Corporation
- Partner Owned
- Sole Proprietor
- Other (please specify)

48. How would you describe the level of competition among practices in your local market?
- High competition
- Moderate competition
- Low competition
- No competition
49. Who is the majority owner of your practice (check all that apply)?
- Physician Owned
- Medical group practice (single-or multi-specialty)
- Hospital or health system
- University
- Managed care organization or insurance company
- Federal, state or local government, community board, etc.
- Other non profit
- Other (please specify)

50. Has there been a change in ownership in the past 12 months?
- Yes
- No

51. Is there a planned change of ownership in the next 12 months?
- Yes
- No

52. Has your practice moved to a new office in the last 12 months?
- Yes
- No

53. If your practice has other office sites, please indicate how many

54. What is the practice’s net revenue per physician per year (net revenue = revenue after expenses)? Please provide a numerical response.

55. How are clinicians compensated in your practice?
- Salary
- Salary, plus incentives
- Production driven salary
- Other

56. In the past three years, has your practice experienced a:
- Large financial gain
- Small financial gain
- No change
- Small financial loss
- Large financial loss

57. What is the approximate percentage overhead, including rent and all employee salaries (total operating costs as a % of total medical revenue)?
- <25%
- 30%
- 40%
- 50%
- 60%
- 70%
- >70%
58. What is the approximately collection percentage of the practice, excluding mandatory write-offs and discounts?
   - <50%
   - 50%
   - 60%
   - 70%
   - 80%
   - 90%

59. How often does this practice hold meetings to discuss business issues?
   - More than once a week
   - Weekly
   - Monthly
   - Quarterly
   - Annually
   - Never
   - Other (please specify)

60. How often does this practice hold meetings to discuss clinical issues?
   - More than once a week
   - Weekly
   - Monthly
   - Quarterly
   - Annually
   - Never
   - Other (please specify)

61. Does the practice have regular meetings for (choose all that apply)
   - Clinicians
   - Staff
   - Clinicians and staff together
   - Other affiliated practices

62. Does the practice charge a retainer fee for services to patients?
   - Yes
   - No

New Model Characteristics

The following questions provide the practice an opportunity to describe activities which coincide with characteristics of a New Model practice. Please note a variety of practices will be selected for the NDP, from those with little or no New Model characteristics to those already incorporating many New Model characteristics.
63. If your practice uses a registry to track patients with specific conditions, please indicate for which of the following conditions a registry is used. (Check all that apply)

- Diabetes
- Hypertension
- Cancer
- Asthma
- High Cholesterol
- CAD

64. Please describe your practice's use of health risk assessment (HRA) protocols or questionnaires to identify patients who may benefit from counseling or other interventions in the following categories (check all that apply)

- Tobacco Use
- Eating habits/Patterns
- Physical Activity
- Alcohol Use

65. Please describe your practice's use of nurses or health educators, within your practice, for individual counseling in the following categories (check all that apply)

- Tobacco Use
- Eating habits/Patterns
- Alcohol Use
- Asthma Management
- Physical Activity
- Diabetes Management

66. Please describe your practice's use of group counseling activities within your practice for your patients in the following categories (check all that apply)

- Tobacco Use
- Eating habits/Patterns
- Alcohol Use
- Asthma Management
- Physical Activity
- Diabetes Management

67. Please describe your practice's use of referral systems for linking your patients to community programs (e.g., patient education classes, support groups, and/or individual counseling) in the following categories (check all that apply)

- Tobacco Use
- Eating habits/Patterns
- Alcohol Use
- Asthma Management
- Physical Activity
- Diabetes Management
- Which community programs
68. Does the practice do community health screenings (e.g. schools, shopping malls, and service clubs) or health fairs; give lectures or workshops at schools or other community gatherings?
   - [ ] Yes
   - [ ] No
   - If yes, approximately how many in the past 12 months?

69. Please indicate below additional information about the technology use of your practice

<table>
<thead>
<tr>
<th>Component</th>
<th>If yes, has your practice changed these in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic billing system</td>
<td></td>
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<tr>
<td>Electronic medical records</td>
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<td>Computer-based</td>
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<tr>
<td>physician order-entry</td>
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<tr>
<td>PDAs (Personal Digital Assistant)</td>
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<tr>
<td>Online literature searching (Medline, Ovid, Medscape, etc.)</td>
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</tr>
<tr>
<td>Internet-based knowledge base (WebMD, Mayo Clinic, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

The following questions describe various components of a New Model Practice. Please describe your practice’s current use of these components.

70. Open-access scheduling (Under the open-access scheduling model, the practice typically leaves 50% to 65% of office visit slots free. These slots are then filled each day based upon requests received since the end of the previous work day)
   - [ ] Currently use
   - [ ] Considering using
   - [ ] Previously used

71. Web-based scheduling in which patients make an appointment without talking to the receptionist
   - [ ] Currently use
   - [ ] Considering using
   - [ ] Previously used

72. An electronic health record
   - [ ] Currently use
   - [ ] Considering using
   - [ ] Previously used
   - If currently utilizing an EHR, which one?

73. If you do not use EHR in your practice, please explain why
74. Group visits (A meeting of patients with similar needs that is conducted by the physician and another clinical professional, involving patient education concerning areas of common concern to the group, as well as the management of individual health problems of group members.)
   - Currently use
   - Considering using
   - Previously used

75. Electronic visits (use of e-mail or internet to communicate with patients.)
   - Currently use
   - Considering using
   - Previously used

76. Electronic prescribing
   - Currently use
   - Considering using
   - Previously used
   - If an electronic prescribing system is utilized, which one?

77. Chronic Disease Management (Team-based consultations concerning diet, maintenance of medications, coordination of care, etc)
   - Currently use
   - Considering using
   - Previously used

78. Web-based information sharing with patients
   - Currently use
   - Considering using
   - Previously used

79. Team approach, where clinical staff are more involved in providing care
   - Currently use
   - Considering using
   - Previously used

80. Use of clinical practice guidelines and decision support software
   - Currently use
   - Considering using
   - Previously used

81. Monitoring and analysis of patient outcomes
   - Currently use
   - Considering using
   - Previously used
82. Engagement with community resources or service to community
- Currently use
- Considering using
- Previously used
  If community resources are utilized, please specify

83. What functions do computers serve for your practice (fill all that apply)
- Patient scheduling
- Patient communication
- Financial data management
- Website marketing
- Patient clinical management
- General clinical information retrieval from web sources (e.g., Evidence based guidelines)
- E-mail

84. Does your practice currently have adequate computer support?
- Yes
- No

85. If you practice is connected to the Internet, what method does your practice use for this access?
- Dial-up (modem)
- High-speed cable
- DSL
- T-1 line or better
- No Internet
- Other (please specify)

86. What percentage of clinicians have access to the internet in the office?

87. What percentage of non-clinicians have access to the internet in the office?

88. Please describe the billing process of your office
- We use software to do our own billing
- We do our own manual billing
- We contract out for billing
  If you use software to do your own billing, which one?

89. Please describe the scheduling process utilized by your office
- Our practice schedules patients as needed. Please list average wait time below
- Our practice has an manual open access scheduling system
- Our practice has software for open access scheduling (please describe the software)
  If you schedule patients as needed, please list the average wait time:
90. Which of the following factors make it difficult for your practice to translate the results of research into changes in your medical practice? (Fill all that apply)

- Time
- Funding
- Information Technology Systems
- Organizational Systems
- Staff
- Resources
- Space Limitations
- Other (please specify)

**Application Questions**

91. Who participated in completing this application form? (List all names and roles)  

92. Who in your practice has been involved in making the decision to apply, and how was it decided to apply?  

93. What is your (person completing this form) position in the practice (check all that apply)?

- Front Office
- Back Office (e.g. Billing)
- Office Manager
- Nurse
- Medical Assistant
- Physician

94. Please describe why your practice wants to participate in the TransforMED National Demonstration Project.  

95. What do you anticipate will be the most difficult challenge your practice will have in implementing the New Model?  

96. Are you aware of other practices within a 1-hour drive that are also applying to the TransforMED National Demonstration Project? If so, please list the names of the practice(s) and (if known) key contact(s) there:  

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Thank you for taking time to fill out this application to be a participating site with TransforMED’s National Demonstration Project. A thorough review process will be initiated to consider each application in a confidential manner. You may be contacted for additional information. Final selection of practices will be announced in May, 2006.

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