

Online Supplementary Material

Schmittdiel JA, Shortell SM, Rundall TG, Bodenheimer T, Selby JV. Effect of primary health care orientation on chronic care management. *Ann Fam Med.* 2006;4:117-123.

http://www.annfammed.org/cgi/content/full/4/2/117/DC1

Supplemental Appendix. Questions From the NSPO Survey Used as Variables

Chronic Care Model Items on NSPO Survey

Q55a: Does your group have written agreements with community services agencies (eg, senior centers, health departments) to enhance services for any of your chronically ill patients?

Q55b: Does your group have an agreed upon referral system for linking any of your chronically ill patients to community programs?

Q56a: Does your group formally assess patient self-management needs by questionnaire or related means for any of your chronically ill patients?

Q56b: Does your group use programs to increase patient self-management skills for any of your chronically ill patients?

Q57a: Does your group integrate guidelines into practice through education, reminders, and/or information systems for any of your chronically ill patients?

Q57b: Does your group integrate specialist expertise into primary care (eg, by sharing care of complicated patients or having specialists participate in selected primary care office visits) for any of your chronically ill patients?

Q58a: Does your group utilize planned visits that emphasize assessment, disease control, and prevention for any of your chronically ill patients?

Q58b: Does your group structure visits to facilitate patients seeing multiple providers in a single visit for any of your chronically ill patients?

Q58c: Does your group employ clinical case managers to enhance primary care for any of your chronically ill patients?

Q59a: Does your group provide written feedback reports or data to physicians and practice teams regarding their performance in chronic illness care for any of your chronically ill patients?

Q59b: Do any of your physicians use the Internet to communicate with chronically ill patients regarding their treatment?

Primary Health Care Orientation Items on NSPO Survey

Continuity/longitudinality

Q9c: In 1999, how many primary care physicians voluntarily resigned from your group?

Q9d: In 1999, how many primary care physicians involuntarily resigned from your group?

Comprehensiveness

Q73: Does your group offer any of the following health promotion programs to patients in a formalized, ongoing, and systematic fashion?

- A: Nutritional counseling/advice
- **B**: Smoking cessation
- C: Weight loss/management
- D: Prenatal education
- E: Health risk assessment
- **F**: STD prevention
- G: Stress management
- H: Substance abuse
- Q35: Are patient education classes provided to patients with the following conditions?
 - A: Asthma
 - **B**: Congestive heart failure (CHF)
 - C: Depression
 - D: Diabetes

(If yes, who provides these classes? Your group, HMOs, local hospitals, or other?)

- Q43: How are patients with severe asthma primarily cared for?
 - a) Patients are primarily cared for by generalist physicians
 - b) Patients are primarily cared for by pulmonologists or allergists
 - c) Patients are primarily sent to specialized centers
- Q47: How are patients with severe CHF primarily cared for?
 - a) Patients are primarily cared for by generalist physicians
 - b) Patients are primarily cared for by cardiologists
 - c) Patients are primarily sent to specialized centers
- **Q50:** How are patients with severe depression <u>primarily</u> cared for?
 - a) Patients are primarily cared for by generalist physicians
 - b) Patients are primarily cared for by psychiatrists, psychologists, or other mental health specialists
 - c) Patients are primarily sent to specialized centers/programs
- Q52: How are patients with severe diabetes <u>primarily</u> cared for?
 - a) Patients are primarily cared for by generalist physicians
 - b) Patients are primarily cared for by endocrinologists
 - c) Patients are primarily sent to specialized centers

Coordination

- **Q15**: Does your group use an electronic database containing:
 - **D**: A medical record for each patient
- Q17: Which of the following pieces of information are linked together for an individual patient in your practice's electronic data system?
 - A: A standardized problem list

Accountability

Q31: During your most recent fiscal year, for what percentage of your group's HMO and POS patients did you accept some financial risk for ...

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A: hospitalization costs

Q60: For approximately what percentage of patients is your medical group required to report any of the following to an outside organization (eg, NCQA, a business coalition, etc)? Do not include HMOs.

- **B**: Patient satisfaction results
- C: Results of clinical quality improvement projects
- D: Outcome data for selected conditions
- E: HEDIS data

NSPO = National Study of Physician Organizations; STD = sexually transmitted disease; HMO = health maintenance organization; POS = point of service; NCQA = National Committee for Quality Assurance; HEDIS = Health Plan Employer Data and Information Set.