

**Goldman R, Parker DR, Brown J, Walker J, Eaton CB, Borkan JM. Recommendations for a Mixed Methods Approach for Evaluating the Patient-Centered Medical Home. *Ann Fam Med*. 2015;13(2).**

## **Supplemental Appendix 1. Short Version Baseline Practice Survey**



Role \_\_\_\_\_  
Practice \_\_\_\_\_  
Date \_\_\_\_\_

## Short-Version Baseline Practice Survey

### PRACTICE DEMOGRAPHICS:

Q1. Enter the following information about the practice:

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Q2. Years in Practice:

Number of years this practice has been in existence:

\_\_\_\_\_

Q3. Please choose one of the following below 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): \_\_\_\_\_

Q4. Which clinical specialties are represented in this practice? (Choose all that apply)

☐ Family Medicine

- ☐ Internal Medicine
- ☐ Pediatrics
- ☐ OB/GYN
- ☐ Other (please specify):
- 

Q5. Do you precept medical students in the practice?

- ☐ Yes
- ☐ No

Q6. Do you precept residents in the practice?

- ☐ Yes
- ☐ No

Q7. Please indicate approximately the number of patients who are seen in a typical week in the following categories:

Office visits: \_\_\_\_\_

Home visits \_\_\_\_\_

Nursing Home visits \_\_\_\_\_

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

\_\_\_\_\_

#### PRACTICE DEMOGRAPHICS:

Q8. Please indicate the approximate percentage of your patients that fall into the following gender categories:

Female \_\_\_\_\_

Male \_\_\_\_\_

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

\_\_\_\_\_

Q9. Please give the approximate percentage of your patients in the following racial categories:

White/Caucasian \_\_\_\_\_

Black/African American \_\_\_\_\_

Native American, American Indian, or Alaskan Native \_\_\_\_\_ (MUST TOTAL 100%)  
 Asian or Pacific Islander \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Q10. Please indicate the approximate percentage of your patients that are of Hispanic/Latino ethnicity:  
 \_\_\_\_\_ %

Q11. Please indicate the percentage of your patients that fall into each payment method category:

Private health insurance (Capitated) \_\_\_\_\_  
 Private health insurance (fee for service) \_\_\_\_\_ (MUST TOTAL 100%)  
 Medicare \_\_\_\_\_  
 Medicaid/other government assistance \_\_\_\_\_  
 Uninsured \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Q12. Please complete the following regarding the number of staff in your practice and their FTEs:

	Full-time	Part-time	Total FTE
RNs	_____	_____	_____
LPNs	_____	_____	_____
Medical Assistants (CMA/MA)	_____	_____	_____
Clerks/Receptionists/Billing	_____	_____	_____
Medical Records Technicians	_____	_____	_____
Information Technology Technicians	_____	_____	_____
Social Workers/Financial Counselors	_____	_____	_____
Dieticians	_____	_____	_____
Allied Health Staff (lab, x-ray, EKG Technicians, Physical Therapists, etc.)	_____	_____	_____
Practice Manager	_____	_____	_____
Patient Educators	_____	_____	_____

Other (please specify): \_\_\_\_\_

Q13. How many have left the practice within the last year?

Clinicians: \_\_\_\_\_

Staff: \_\_\_\_\_

Q14. How many have joined the practice within the last year?

Clinicians: \_\_\_\_\_

Staff: \_\_\_\_\_

**PRACTICE CHARACTERISTICS:**

Q15. How often does this practice hold meetings to discuss business issues?

☐ More than once a week

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Annually

☐ Never

☐ Other (please specify):

\_\_\_\_\_

Q16. How often does this practice hold meetings to discuss clinical/quality improvement issues?

☐ More than once a week

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Annually

☐ Never

☐ Other (please specify):

\_\_\_\_\_

Q17. Does the practice have regular meetings for (choose all that apply)

- ☐ Clinicians
- ☐ Staff
- ☐ Clinicians and staff together
- ☐ Other affiliated practices

Q18. 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)

- ☐ Asthma
- ☐ Diabetes
- ☐ CAD
- ☐ Cancer
- ☐ COPD
- ☐ Depression

Q19. 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
- ☐ Body Mass Index (BMI)
- ☐ Depression

Q. 20. 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
- ☐ Asthma management
- ☐ Diabetes management

Q. 21. Do you have:	Yes	No
Nurse or case manager	_____	_____
Asthma manager	_____	_____
Diabetes manager	_____	_____
Health coach	_____	_____
Patient navigator	_____	_____

Community Health Worker	_____	_____
Certified Health Educator	_____	_____

Q22. Please indicate below additional information about the technology use of your practice:

	Yes	No
Electronic billing system	_____	_____
Electronic medical records (EMR)	_____	_____
PDA's (Personal Digital Assistants) or smart phone	_____	_____
Do you Use:		
Online literature searching (Medline, Ovid, Medscape, etc.)	_____	_____
Internet-based knowledge base (WebMD, Mayo Clinic, etc.)	_____	_____

Q23. Please describe your practice's current use of the following components:

a. 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

b. Web-based scheduling in which patients make an appointment without talking to the receptionist

- ☐ Considering using
- ☐ Currently use
- ☐ Previously used

c. An electronic health record (EHR)

- ☐ Currently use      If so, which one?

\_\_\_\_\_

- ☐ Considering using
- ☐ Previously used

Q24. What functions do computers serve for your practice? (Check all that apply)

- ☐ Patient scheduling
- ☐ Patient communication

Q25. What is your year of birth? \_\_\_\_\_

Q26. What is your race/ethnicity?

1= White, not Hispanic/Latino

2= Black or African American

3= American Indian

4= Asian

5= Native Hawaiian or Pacific Islander

6= Hispanic/Latino

7= Other

If Other, then specify \_\_\_\_\_

PLEASE SEE QUESTION 27 ON NEXT PAGE

Q. 27 Does your practice currently work with any other PCMH related organizations/initiatives or engaged in any other Medical Home efforts? Yes ☐ No ☐

If yes, please check off those you work with below and the approximate date they began to work with your practice

		MM/YYYY
Beacon/TransforMed	<input type="checkbox"/>	_____
Health Centric Advisors	<input type="checkbox"/>	_____
RIQI Regional Extension Center Relationship Manager	<input type="checkbox"/>	_____
Current Care	<input type="checkbox"/>	_____
Meaningful Use	<input type="checkbox"/>	_____
Clearwater Research/CAPS survey	<input type="checkbox"/>	_____
CSI	<input type="checkbox"/>	_____
NCQA Recognition	<input type="checkbox"/>	_____
Seeking initial recognition	<input type="checkbox"/>	_____
Are recognized and seeking renewal	<input type="checkbox"/>	_____
Current recognition level		
Level I	<input type="checkbox"/>	
Level II	<input type="checkbox"/>	
Level III	<input type="checkbox"/>	
Blue Cross Blue Shield PCMH Initiative	<input type="checkbox"/>	_____
Rhode Island Chronic Care Collaborative	<input type="checkbox"/>	_____
RI Community Health Centers Association		
RI Foundation Patient Centered Medical Home Collaborative Grant	<input type="checkbox"/>	_____
HRSA 2011 Quality Improvement and Patient-Centered Medical Home Development Grant	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____