

Practice Member Survey

1) What is your role in this site (select only one option):

- Physician (MD, DO)
- Nurse Practitioner or Physician Assistant
- Clinical staff (e.g., RN, LPN, MA, CMA, Behavioral health provider)
- Non-clinical staff (e.g., receptionist, billing staff)
- Office manager
- Other
- Prefer to not respond

2) If other, please specify:

3) Are you a medical resident?

- Yes
- No
- Prefer to not respond

4) Have you worked at this practice site for more than 1 year?

- Yes
- No
- Prefer to not respond

5) How many years have you worked in this practice site? Please round to the nearest year.

(Years)

6) How many hours per week do you work at this practice site?

(hours/week)

7) Does your practice site hold daily huddles?

- Yes, my practice site holds daily huddles (go to question 8)
- Yes, my practice site holds daily huddles, but I am not required to participate in them (go to question 9)
- No, my practice site does not hold daily huddles (go to question 9)
- Prefer to not respond (go to question 9)

8) Think about the last day that was a typical full work day. Thinking about that day, how many minutes did you spend in the daily huddle?

Minutes (If the huddle was 1 hour or more, please convert hour to minutes, for example, 1 hour=60 minutes)

9) Does your practice site conduct outreach to high-risk patients, that is, contacting patients who have been identified by risk criteria (e.g., diagnosis, high HbA1c, high blood pressure, etc.) and need some type of follow-up, such as an appointment or labs?

- Yes, my practice site conducts such outreach (go to question 10)
- Yes, my practice site conducts such outreach, but outreach to high risk patients is not part of my responsibilities (go to question 11)
- No, my practice site does not conduct outreach to high-risk patients (go to question 11)
- Prefer to not respond (go to question 11)

10) Think about the last typical full week at this practice site with no holidays or personal days off. Thinking about that week, how much time did you spend on outreach to high-risk patients? Do not include reminder calls for scheduled appointments.

Minutes (If you spent 1 hour or more on outreach, please convert hours to minutes)

The next set of questions help us understand your perceptions of how your practice site addresses patients' needs. Please indicate your level of agreement with the following statements.

Please select only one response:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer to not respond
30) Our practice does a good job of assessing patient needs and expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31) Our practice uses data from patients to improve care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32) Our practice uses data on patient expectations and/or experience when developing new services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33) Using your own definition of burnout- please indicate which of the following statements best describes how you feel about your situation at work (select only one response):

- I enjoy my work. I have no symptoms of burnout
- Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot
- I feel completely burned out and often wonder if I can go on practicing. I am at the point where I may need some changes
- Prefer to not respond

**IF YOU ARE A CLINICIAN (MD/ DO/ NP/ PA) PLEASE COMPLETE QUESTIONS 34-39.
OTHERWISE, PLEASE PROCEED TO PAGE 5 TO ENTER DATE OF COMPLETION.**

In 2014, the JNC8 released new guidelines for treating patients with hypertension that included the following two major changes:

- 1. BP target for adults over age 60 was changed from < 140/90 mmHg to < 150/90 mmHg**
- 2. Initial antihypertensive treatment should NOT include an ACE or ARB for black patients**

In the next set of questions, please rate your level of agreement regarding whether these new guidelines will lead to better outcomes for your hypertensive patients.

34) BP target < 150/90 mmHg for patients over 60 years of age

- This new guideline will improve outcomes for all of my patients
- This new guideline will improve outcomes for some of my patients
- This new guideline will have no impact on outcomes for my patients
- This new guideline will have negative consequences for some of my patients
- This new guideline will have negative consequences for all of my patients
- Prefer to not respond

35) Initial antihypertensive treatment should NOT include an ACE or ARB for black patients

- This new guideline will improve outcomes for all of my patients
- This new guideline will improve outcomes for some of my patients
- This new guideline will have no impact on outcomes for my patients
- This new guideline will have negative consequences for some of my patients
- This new guideline will have negative consequences for all of my patients
- Prefer to not respond

In 2013, the American College of Cardiology and the American Heart Association released new guidelines for treating blood cholesterol to reduce atherosclerotic cardiovascular risk in adults. This included changes to prescribing statins. Statin therapy is now recommended for patients who meet one of the following criteria:

- 1. Diagnosed with clinical arteriosclerotic cardiovascular disease (ASCVD)**
- 2. Primary elevation of LDL \geq 190mg/dL**
- 3. Diagnosed with DM, between 40-75 years old, with LDL between 70-189 mg/dL, and no diagnosis of ASCVD, or**
- 4. No diagnosis of ASCVD or DM, with LDL 70-189 mg/dl and an estimated 10-year ASCVD risk \geq 7.5%**

Please rate your level of agreement regarding whether these new guidelines will lead to better outcomes for your patients

36) Patients diagnosed with ASCVD should be prescribed a statin

- This new guideline will improve outcomes for all of my patients
- This new guideline will improve outcomes for some of my patients
- This new guideline will have no impact on outcomes for my patients
- This new guideline will have negative consequences for some of my patients
- This new guideline will have negative consequences for all of my patients
- Prefer to not respond

37) Patients with a primary elevation of LDL $>$ 190mg/dL should be prescribed a statin

- This new guideline will improve outcomes for all of my patients
- This new guideline will improve outcomes for some of my patients
- This new guideline will have no impact on outcomes for my patients
- This new guideline will have negative consequences for some of my patients
- This new guideline will have negative consequences for all of my patients
- Prefer to not respond

38) Patients with a diagnosis of DM, between 40-75 years old, with LDL between 70-189 mg/dL, and no diagnosis of ASCVD should be prescribed a statin

- This new guideline will improve outcomes for all of my patients
- This new guideline will improve outcomes for some of my patients
- This new guideline will have no impact on outcomes for my patients
- This new guideline will have negative consequences for some of my patients
- This new guideline will have negative consequences for all of my patients
- Prefer to not respond

39) Patients with no diagnosis of ASCVD or DM, with LDL 70-189 and an estimated 10-year ASCVD risk \geq 7.5% should be prescribed a statin

- This new guideline will improve outcomes for all of my patients
- This new guideline will improve outcomes for some of my patients
- This new guideline will have no impact on outcomes for my patients
- This new guideline will have negative consequences for some of my patients
- This new guideline will have negative consequences for all of my patients
- Prefer to not respond

Please indicate your level of agreement with the following statement:

40) In determining whether to recommend statin therapy, I prefer a risk cut-off higher than 7.5% (using ASCVD calculator) for patients without a diagnosis of ASCVD or DM, or those with an LDL 70-189

- Yes
- No
- Prefer not to respond

41) If yes, what level do you prefer?

_____ (fill in percentage)

DATE: _____