#### **Practice Member Survey**

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

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

2) If other, please specify:

#### 3) Are you a medical resident?

- O Yes
- O No
- O Prefer to not respond

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

- O Yes
- O No
- O 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 practicesite?

(hours/week)

#### 7) Does your practice site hold daily huddles?

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

- O Yes, my practice site conducts such outreach (go to question 10)
- O 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)
- O 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)

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## Please rate your level of agreement with the following statements about your practice site

Please select only one response:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer to not respond
11) Mistakes have led to positive changes here	0	0	0	0	0	0
<ol> <li>I have many opportunities to grow in my work</li> </ol>	0	0	0	0	0	0
<ol> <li>People in our practice actively seek new ways to improve how we do things</li> </ol>	0	0	0	0	0	0
14) People at all levels in this office openly talk about what is and isn't working	0	0	0	0	0	0
15) Leadership strongly supports practice change efforts	0	0	0	0	0	0
16) After trying something new, we take time to think about how it worked	0	0	0	0	0	0
17) Most of the people who work in our practice seem to enjoy their work	0	0	0	0	0	0
<ul><li>18) It is hard to get things to change in our practice</li></ul>	0	0	0	0	0	0
19) This practice is a place of joy and hope	0	0	0	0	0	0
20) This practice learns from its mistakes	0	0	0	0	0	0
21) Practice leadership promotes an environment that is an enjoyable place to work	0	0	0	0	0	0
22) People in this practice operate as a real team	0	0	0	0	0	0
23) When we experience a problem in the practice, we make a serious effort to figure out what's really going on	0	0	0	0	0	0
24) Leadership in this practice creates an environment where things can be accomplished	0	0	0	0	0	0
25) We regularly take time to reflect on how we do things	0	0	0	0	0	0
26) Most people in this practice are willing to change how they do things in response to feedback from others	0	0	0	0	0	0
27) I can rely on the other people in this practice to do	0	0	0	0	0	0
28) Difficult problems are solved through face-to-face discussions in this practice	0	0	0	0	0	0
29) Members of this practice are able to bring up problems and tough issues	0	0	0	0	0	0

## 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	0	0	0	0	0	0
31) Our practice uses data from patients to improve care	0	0	0	0	0	0
32) Our practice uses data on patient expectations and/or experience when developing new services	0	0	0	0	0	0

### 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):

- O I enjoy my work. I have no symptoms of burnout
- O 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
- O I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- O The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot
- O 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
- O 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

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

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

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

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

- O This new guideline will improve outcomes for all of my patients
- O This new guideline will improve outcomes for some of my patients
- O This new guideline will have no impact on outcomes for my patients
- O This new guideline will have negative consequences for some of my patients
- O This new guideline will have negative consequences for all of my patients
- O 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

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

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

- O This new guideline will improve outcomes for all of my patients
- O This new guideline will improve outcomes for some of my patients
- O This new guideline will have no impact on outcomes for my patients
- O This new guideline will have negative consequences for some of my patients
- O This new guideline will have negative consequences for all of my patients
- O 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 <u>without</u> a diagnosis of ASCVD or DM, or those with an LDL 70-189
  - O Yes
  - O No
  - O Prefer not to respond
- 41) If yes, what level do you prefer?

\_\_\_\_\_(fill in percentage)