PCIP Healthy Hearts Screening

4) Main Contact/Practice Email:

Practice Demographics
ID: 6
ID: 8
2) Address of Site:
Street:
City:
State:
Zip Code:
Validation: Must be numeric
ID: 9
3) Office Telephone Number/ Fax Number:
Office Number:
Fax Number:
Validation: %s format expected
ID: 7

Validation: Must be numeric	
ID: 10	
5) Tax ID:	
5) Tax ID.	
Validation: Must be numeric	
ID: 11	
6) Group NPI	
, , , , , , , , , , , , , , , , , , ,	
ID: 41	
7) List any additional sites for th	ais practice:
	<u>. </u>
Site 1:	
Site 2:	
Site 3:	
Site 4:	
ID: 12	
ID. 12	

8) Practice Type

Small/Private Practice

Hospital
Community Health Center (CHC)
Foster Care Agency
Other
ID: 13
9) Current EHR information
EHR Name:
EHR Version #:
EHR Go Live Date:
Grant-Specific Demographics
Validation: Min = 0 Max = 100
ID: 14
10) How many providers are currently at your site?
0100
Logic: Show/hide trigger exists.
ID: 15
11) Please choose the specialty option that is practiced at your site:
OB/GYN

Pediatrics
Geriatrics
Adolescent Medicine
General Practice
Internal Medicine
Family Practice
Other
Logic: Hidden unless: Question "Please choose the specialty option that is practiced at your site:" #11 is one of the following answers ("OB/GYN","Pediatrics","Adolescent Medicine")
ID: 42
12) Is this the sole specialty exercised at this site?
Yes
No
No
No ID: 16
ID: 16
ID: 16 13) Does your site have lab interface?
ID: 16 13) Does your site have lab interface? Yes
ID: 16 13) Does your site have lab interface? Yes No
ID: 16 13) Does your site have lab interface? Yes No

14) Is your site participating in any research studies or receiving support for external QI Initiatives other than NYC REACH/PCIP/DOHMH?
Yes
No
Logic: Hidden by default Hidden unless: Question "Is your site participating in any research studies or receiving support for external QI Initiatives other than NYC REACH/PCIP/DOHMH?" #14 is one of the following answers ("Yes")
ID: 18
If yes, are these research studies focused on cardiovascular disease prevention and treatment?
C Yes
° No
Other
Logic: Show/hide trigger exists.
ID: 20
15) Is your site undergoing any of the following transitions at this time?
Changing EHR system
Closing or Combining practice with another
Expanding services and personnel
° _{N/A}

Logic: Hidden by default Hidden unless: Question "Is your site undergoing any of the following transitions at this time?" #15 is one of the following answers ("Changing EHR system")

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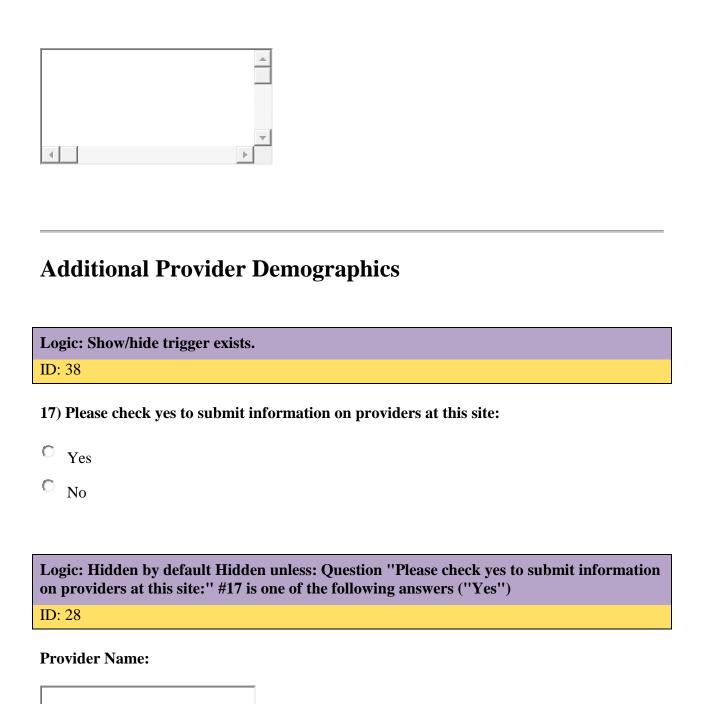
6-12 months
12-24 months
Greater than 24 months
Validation: Min = 0 Max = 100 Logic: Hidden by default Hidden unless: Question "Is your site undergoing any of the
following transitions at this time?" #15 is one of the following answers ("Closing or Combining practice with another")
ID: 40
If yes to combining your site, how many providers will be working at the combined practice?
0100
Logic: Hidden by defaultShow/hide trigger exists. Hidden unless: Question "Is your site undergoing any of the following transitions at this time?" #15 is one of the following answers ("Closing or Combining practice with another")
ID: 22
If yes to combining your site, is the combining your practice is it with another:
C Small Practice
C Hospital
° CHC
Logic: Hidden by default Hidden unless: Question "If yes to combining your site, is the combining your practice is it with another:" is one of the following answers ("Hospital","CHC")

If yes to changing an EHR, what timeline is there for this change?

-		~ ~
111	٠	72
ID	_	25

If you're combining with a CHC or Hospital, will this impact the EHR you currently use?
Yes
No
Logic: Hidden by default Hidden unless: Question "Is your site undergoing any of the following transitions at this time?" #15 is one of the following answers ("Expanding services and personnel")
ID: 24
If yes to expanding services and personnel, how many total providers will be at one site?
° ₁₋₁₀
C 11-more
Logic: Show/hide trigger exists.
ID: 25
16) Is your site interested in participating in a quality improvement program focused on cardiovascular disease prevention and treatment; beginning in October 2015?
© Yes
° No
Logic: Hidden by default Hidden unless: Question "Is your site interested in participating in a quality improvement program focused on cardiovascular disease prevention and treatment; beginning in October 2015?" #16 is one of the following answers ("No")

If uninterested in Healthy Hearts program, please explain why:



Logic: Hidden unless: Question "Please check yes to submit information on providers at this site:" #17 is one of the following answers ("Yes")

ID: 29

18) Provider Type (MD, DO, NP, PA, etc.)

Validation: Must be numeric
Logic: Hidden unless: Question "Please check yes to submit information on providers at
this site:" #17 is one of the following answers ("Yes")
ID: 30
D. 30
19) NYS License #
1) INTO DICCISE II
Validation: Must be numeric
Logic: Hidden unless: Question "Please check yes to submit information on providers at
this site:" #17 is one of the following answers ("Yes")
ID: 31
20) Provider NPI:
Logic: Hidden unless: Question "Please check yes to submit information on providers at this site:" #17 is one of the following answers ("Yes")
ID: 32
21) Provider Specialities:
Primary Specialty:
Secondary Specialty:
ID: 54

22) Please state number of working days per week:

Validation: Min = 0 Ma	x = 100
ID: 56	
23) Please indicate per	cent of time spent per week completing the following:
Administrative - e.g:	0
Billing, CME, Clerical	100
Clinical - Patient Care	0
Clinical - Fatient Care	100
	ultShow/hide trigger exists. Hidden unless: Question ''Please check tion on providers at this site:'' #17 is one of the following answers
ID: 33	
Does provider work at the survey?	another practice/institution other than the ones specified earlier in
° Yes	
° No	
· ·	nult Hidden unless: Question "Does provider work at another ner than the ones specified earlier in the survey?" is one of the es")
ID: 34	
Name of Additional Pr	actice:

Logic: Hidden by default Hidden unless: Question "Does provider work at another practice/institution other than the ones specified earlier in the survey?" is one of the following answers ("Yes")
ID: 35
Additional Practice Address:
Street:
City:
State:
Zip Code:
Validation: Must be numeric
Logic: Hidden by default Hidden unless: Question "Does provider work at another practice/institution other than the ones specified earlier in the survey?" is one of the following answers ("Yes")
ID: 36
Practice Phone Number:
Telephone Number:
Fax Number:
Logic: Hidden by default Hidden unless: Question "Does provider work at another practice/institution other than the ones specified earlier in the survey?" is one of the following answers ("Yes")
ID: 37
EHR Information
EHR Name:
EUD Varsion Number

EHR Go Live Date:
ID: 53
24) How many additional providers work at this site?
Additional Providers
ID: 43
25) Provider Name:
ID: 44
26) Provider Type (MD, DO, NP, PA, etc.)
Validation: Must be numeric
ID: 45
27) NYS License #

Validation: Must be numeric
ID: 46
28) Provider NPI:
TD 47
ID: 47
29) Provider Specialties:
Primary Specialty:
Secondary Specialty:
Logic: Show/hide trigger exists.
Logic: Show/hide trigger exists. ID: 48
ID: 48 30) Does provider work at another practice/institution other than the ones specified earlier
30) Does provider work at another practice/institution other than the ones specified earlier in the survey?
ID: 48 30) Does provider work at another practice/institution other than the ones specified earlier in the survey? Yes
ID: 48 30) Does provider work at another practice/institution other than the ones specified earlier in the survey? Yes
ID: 48 30) Does provider work at another practice/institution other than the ones specified earlier in the survey? Yes No Logic: Hidden unless: Question "Does provider work at another practice/institution other
30) Does provider work at another practice/institution other than the ones specified earlier in the survey? Yes No Logic: Hidden unless: Question "Does provider work at another practice/institution other than the ones specified earlier in the survey?" #30 is one of the following answers ("Yes")

Logic: Hidden unless: Question "Does provider work at another practice/institution other than the ones specified earlier in the survey?" is one of the following answers ("Yes")
ID: 50
32) Additional Practice Address:
Street:
City:
State:
Zip Code:
Validation: Must be numeric
Logic: Hidden unless: Question "Does provider work at another practice/institution other than the ones specified earlier in the survey?" is one of the following answers ("Yes")
ID: 51
33) Site Phone Number:
Telephone Number:
Fax Number:
Logic: Hidden unless: Question "Does provider work at another practice/institution other than the ones specified earlier in the survey?" is one of the following answers ("Yes")
ID: 52
34) EHR Information:
EHR Name:
EHR Version Number:

Thank You!

ID: 1

Thank you for taking our survey. Your response is very important to us.