PCIP Healthy Hearts Screening

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

4) Main Contact/Practice Email:

[   ]

5) Tax ID:

[   ]

6) Group NPI

[   ]

7) List any additional sites for this practice:

Site 1: [   ]

Site 2: [   ]

Site 3: [   ]

Site 4: [   ]

8) Practice Type

Small/Private Practice

Hospital

Community Health Center (CHC)

Foster Care Agency

Other

9) Current EHR information

EHR Name:

EHR Version #:

EHR Go Live Date:

Grant-Specific Demographics

10) How many providers are currently at your site?

0 _____[__]_____ 100

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

12) Is this the sole specialty exercised at this site?

Yes

No

13) Does your site have lab interface?

Yes

No

Unsure

14) Is your site participating in any research studies or receiving support for external QI Initiatives other than NYC REACH/PCIP/DOHMH?

Yes

No

If yes, are these research studies focused on cardiovascular disease prevention and treatment?

○ Yes

○ No

○ Other

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

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

6-12 months

12-24 months

Greater than 24 months

If yes to combining your site, how many providers will be working at the combined practice?

0 _____[__]_____ 100

If yes to combining your site, is the combining your practice is it with another:

⭕ Small Practice

⭕ Hospital

⭕ CHC

If you're combining with a CHC or Hospital, will this impact the EHR you currently use?

Yes

No

If yes to expanding services and personnel, how many total providers will be at one site?

○ 1-10

○ 11-more

16) Is your site interested in participating in a quality improvement program focused on cardiovascular disease prevention and treatment; beginning in October 2015?
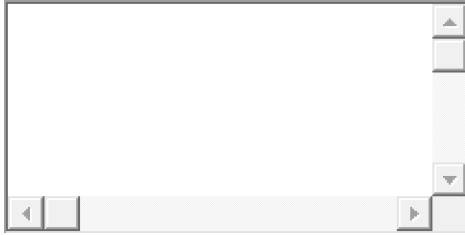
○ Yes

○ No

If uninterested in Healthy Hearts program, please explain why:

Additional Provider Demographics

17) Please check yes to submit information on providers at this site:

○ Yes

○ No

Provider Name:

[   ]

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

[   ]

19) NYS License #

[   ]

20) Provider NPI:

[   ]

21) Provider Specialities:

Primary Specialty: [   ]

Secondary Specialty: [   ]

22) Please state number of working days per week:

23) Please indicate percent of time spent per week completing the following:

Administrative - e.g: Billing, CME, Clerical

$\dfrac{0}{100}$ _____[__]_____

Clinical - Patient Care

$\dfrac{0}{100}$ _____[__]_____

Does provider work at another practice/institution other than the ones specified earlier in the survey?

○ Yes

○ No

Name of Additional Practice:

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│                             │
└─────────────────────────────┘
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Additional Practice Address:

Street:

City:

State:

Zip Code:

Practice Phone Number:

Telephone Number:

Fax Number:

EHR Information

EHR Name:

EHR Version Number:

EHR Go Live Date: [   ]

24) How many additional providers work at this site?

[   ]

Additional Providers

25) Provider Name:

[   ]

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

[   ]

27) NYS License #

[   ]

ID: 46

28) Provider NPI:

[   ]

ID: 47

29) Provider Specialties:

Primary Specialty: [   ]

Secondary Specialty: [   ]

ID: 48

30) Does provider work at another practice/institution other than the ones specified earlier in the survey?

○ Yes

○ No

ID: 49

31) Name of Additional Practice:

[   ]

32) Additional Practice Address:

Street:

City:

State:

Zip Code:

33) Site Phone Number:

Telephone Number:

Fax Number:

34) EHR Information:

EHR Name:

EHR Version Number:

EHR Go Live Date:

Thank You!

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