

## Follow-up Practice Survey Codebook Including Core and Optional Items

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Variable Name/ Core-optional Status	Item
	Please complete the following survey, which is designed to collect information about your practice <sup>1</sup> for the [name of collaborative] study. We suggest you designate an Office Manager or a Lead Clinician to complete this survey. We strongly encourage you to consult with others in your practice (e.g., Medical Director, Billing Manager) to obtain accurate information to complete this survey.
<b>Timepoint</b>	Baseline.....T0 First follow-up.....T1 Second follow-up.....T2
<b>R18_cooperative</b>	
<b>Practice_site_ID</b>	
<b>Prac_Zip_CD</b> Optional item	Indicate zip-code of practice _____
<b>Date</b>	MM/DD/YYYY
<b>Person_consult_**<sup>2</sup></b> Optional item	Please indicate others in the practice that you consulted with to complete this survey? (Check all that apply) Front office staff..... person_consult_front_office ..... 1 = yes 2 = no Back office staff..... person_consult_back_office ..... 1 = yes 2 = no Office manager..... person_consult_office_manager..... 1 = yes 2 = no Nurse..... person_consult_nurse..... 1 = yes 2 = no Medical assistant..... person_consult_MA ..... 1 = yes 2 = no Clinician (MD, DO, NP, PA)..... person_consult_clinician..... 1 = yes 2 = no Other..... person_consult_other ..... 1 = yes 2 = no
<b>person_consult_other_specify</b> Optional item	If [person_consult_other] = 1  Please specify
<b>Prac_own_**</b> Optional item	Which of the following best describes your practice's ownership? (Check all that apply) Clinician-owned solo or group practice Prac_own_clinician.... 1 = yes 2 = no Hospital/Health system owned Prac_own_hosp..... 1 = yes 2 = no Health maintenance organization (e.g., Kaiser Permanente) Prac_own_HMO..... 1 = yes 2 = no

<sup>1</sup> Replace practice in the survey with the term most relevant to your cooperative. For instance, for some cooperatives, a practice may be an overarching corporate entity with multiple independent sites that are the physical location where patients receive care and are focus of the quality improvement change effort.

<sup>2</sup> NOTE: For check all that apply survey items (indicated with variable names ending in \*\*), see response categories for variable names to be included in the database. In these cases, surveys should be programmed such that each response category for a check all that apply question is a dichotomous variable.

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	Federally Qualified Health Center or Look-Alike Non-federal government clinic (e.g., state, county, city, public health clinic, etc.)	Prac_own_FQHC.....	1 = yes	2 = no
	Academic health center / faculty practice Federal (Military, Veterans Administration, Department of Defense)	Prac_own_nonfed..... Prac_own_academic....	1 = yes 1 = yes	2 = no 2 = no
	Rural Health Clinic Indian Health Service Other	Prac_own_fed..... Prac_own_rural..... Prac_own_IHS..... Prac_own_other.....	1 = yes 1 = yes 1 = yes 1 = yes	2 = no 2 = no 2 = no 2 = no
<b>Prac_own_other_specify</b>	If [prac_own_other] = 1			
Optional item	Please specify			

	Please provide the number of practice members and their combined FTE for each of the following type of staff:			
<b>Number_clinicians</b> Optional item	Clinicians (MD, DO, NP, PA) _____ number of physicians			
<b>FTE_clinicians</b> Optional item	Clinicians (MD, DO, NP, PA) _____ combined physician FTE			
<b>Number_clinstaff</b> Optional item	Clinical Staff (those providing direct patient care, e.g., RN, LPN, MA, CMA) _____ number of Clinical Staff			
<b>FTE_clinstaff</b> Optional item	Clinical Staff (those providing direct patient care, e.g., RN, LPN, MA, CMA) _____ combined Clinical Staff FTE			
<b>Number_offstaff</b> Optional item	Office staff (those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.) _____ number of office staff			
<b>FTE_offstaff</b> Optional item	Office staff (those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.) _____ combined office staff FTE			
<b>Number_psychol</b> Optional item	Psychologist _____ number of Psychologists			
<b>FTE_psychol</b> Optional item	Psychologist _____ combined Psychologist FTE			
<b>Number_SW</b>	Social worker or Licensed Social Worker			



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	High cholesterol.....	prac_registry_chol..	1 = yes	2 = no
	Diabetes.....	prac_registry_diab.	1 = yes	2 = no
	Prevention services.....	prac_registry_prev....	1 = yes	2 = no
	High risk (high utilization) patients	prac_registry_risk	1 = yes	2 = no
	We do not use registries or receive such reports	prac_registry_none	1 = yes	2 = no <sup>4</sup>
<b>Prac_prev_guidelines_**</b>	Please identify how your practice uses clinical guidelines for <u>cardiovascular disease prevention</u> (for example, use of aspirin or antithrombotics for those with ischemic vascular disease or smoking cessation counseling): (check all that apply)			
Optional item	Practice does not follow specific guidelines	prac_prev_guidelines_none	1 = yes	2 = no <sup>5</sup>
	Guidelines are posted or have been distribute	prac_prev_guidelines_posted	1 = yes	2 = no
	Clinicians have agreed to use specific guidelines	prac_prev_guidelines_agreed	1 = yes	2 = no
	Practice uses standing orders	prac_prev_guidelines_orders	1 = yes	2 = no
	Practice uses EHR provider guideline-based prompts and reminders ...	prac_prev_guidelines_EHRprompts	1 = yes	2 = no
<b>Prac_chronic_guidelines_*</b>	Please identify how your practice uses clinical guidelines for <u>management of patients at risk for cardiovascular disease</u> (e.g., statin use among those at risk): (check all that apply)			
Optional item	Practice does not follow specific guidelines	prac_chronic_guidelines_none	1 = yes	2 = no <sup>6</sup>
	Guidelines are posted or have been distributed	prac_chronic_guidelines_posted	1 = yes	2 = no
	Clinicians have agreed to use specific guidelines	prac_chronic_guidelines_agreed	1 = yes	2 = no
	Practice uses standing orders.....	prac_chronic_guidelines_orders	1 = yes	2 = no
	Practice uses EHR provider guideline-based prompts and reminders	prac_chronic_guidelines_EHRprompts	1 = yes	2 = no

	<b>Over the past 6 months<sup>7</sup></b> , did your practice or individual clinicians in your practice receive additional revenue or payments from a health plan, public payer, or health system based on measurement of performance on the following measures:
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<sup>4</sup> NOTE: If possible, program your survey such that IF prac\_registry\_IVD=1 OR prac\_registry\_hyp=1 OR prac\_registry\_chol=1 OR prac\_registry\_diab=1 OR prac\_registry\_prev=1 OR prac\_registry\_risk=1 THEN prac\_registry\_none = 2

<sup>5</sup> NOTE: If possible, program your survey such that IF prac\_prev\_guidelines\_none =1 THEN prac\_prev\_guidelines\_posted =2 AND prac\_prev\_guidelines\_agreed =2 AND prac\_prev\_guidelines\_orders=2 AND prac\_prev\_guidelines\_EHRprompts=2

<sup>6</sup> NOTE: If possible, program your survey such that IF prac\_chronic\_guidelines\_none=1 THEN prac\_chronic\_guidelines\_posted =2 AND prac\_chronic\_guidelines\_agreed=2 AND prac\_chronic\_guidelines\_orders =2 AND prac\_chronic\_guidelines\_EHRprompts =2

<sup>7</sup> Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention end date to indicate the reference period for this item: **Since [insert practice cohort's intervention end date]**, did your practice or individual clinicians in your practice receive additional revenue or payments from a health plan, public payer, or health system based on measurement of performance on the following measures?

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<b>Prac_Income_satisf</b>	Measures of patient satisfaction		
Optional item	Yes.....1		
	No.....2		
	Don't know.....8		
<b>Prac_Income_quality</b>	Measures of clinical quality		
Optional item	Yes.....1		
	No.....2		
	Don't know.....8		
<b>Prac_income_perform</b>	Measurement of your performance of adoption or use of information technology		
Optional item	Yes.....1		
	No.....2		
	Don't know.....8		
<b>Prac_perform_quality</b>	<b>Over the past 6 months</b> <sup>8</sup> , did your practice receive better contracts (for example, better payment, preferred status) with health plans for its performance on measurements of patient satisfaction and/or clinical quality?		
Optional item	Yes.....1		
	No.....2		
	Don't know.....8		
<b>Prac_incentives_**</b>	<b>Over the past 6 months</b> <sup>9</sup> has your practice received the following forms of bonus or incentive payments? (Check all that apply)		
Optional item	Geographic health care professional shortage area	prac_incentives_geographic	1 = Yes      2 = No
	Medicare primary care incentive payment .....	prac_incentives_primarycare	1 = Yes      2 = No
	Medicare care coordination payment.....	prac_incentives_carecoord	1 = Yes      2 = No
	Other.....	prac_incentives_other	1 = Yes      2 = No
<b>prac_incentives_specify</b>	If [prac_incentives_other] = 1		
Optional item	Please specify		
<b>Demo_prog_**</b>	<b>At present or within the past 6 months</b> <sup>10</sup> , has your practice participated in any of the following payment or quality demonstration programs? (Check all that apply)		
	SIM – State Innovation Models initiative	demo_prog_SIM	1 = Yes      2 = No

<sup>8</sup> Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention end date to indicate the reference period for this item: **Since [insert practice cohort's intervention end date]**, did your practice receive better contracts (for example, better payment, preferred status) with health plans for its performance on measurements of patient satisfaction and/or clinical quality?

<sup>9</sup> Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention end date to indicate the reference period for this item: **Since [insert practice cohort's intervention end date]**, has your practice received the following forms of bonus or incentive payments?

<sup>10</sup> Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention end date to indicate the reference period for this item: **At any time since [insert practice cohort's intervention end date]**, has your practice participated in any of the following payment or quality demonstration programs?

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	<p>CPCI – Comprehensive Primary Care Initiative demo_prog_CPCI 1 = Yes 2 = No</p> <p>TCPI – Transforming Clinical Practice Initiative – Support and Alignment Network (SAM) demo_prog_TCPI 1 = Yes 2 = No</p> <p>CHW training program – Community Health Worker training program demo_prog_CHW 1 = Yes 2 = No</p> <p>BC/BS PCMH program demo_prog_pcmh..... 1 = Yes 2 = No</p> <p>ASTHO's Million Hearts State Learning Collaborative demo_prog_mh_collab 1 = Yes 2 = No</p> <p>Million Hearts: Cardiovascular Disease Risk Reduction Model demo_prog_mh_riskred.. 1 = Yes 2 = No</p> <p>Other ..... demo_prog_other 1 = Yes 2 = No</p>
<b>Demo_prog_specify</b>	<p>If [demo_prog_other]=1</p> <p>Please specify</p>
<b>Demo_MACRA</b>  Optional item	<p>The Medicare Access &amp; CHIP Reauthorization Act of 2015 (MACRA) establishes a Quality Payment Program that consists of two paths: the Merit-Based Incentive Payment System (MIPS) and advanced alternative payment models (APMs).</p> <p>How does your practice intend to meet the requirements of the Quality Payment Program? (select one)</p> <p>Test MIPS in 2017 (submit some data to avoid negative payment adjustment)..... 1</p> <p>Participate in MIPS for <b>part</b> of 2017 (submit data for &gt; 90 days to earn neutral or small positive payment adjustment..... 2</p> <p>Participate in MIPS for <b>all</b> 2017 (submit full year data to potentially earn a moderate positive payment adjustment..... 3</p> <p>Participate in an advanced alternative payment model (such as CPC+, or an ACO program) ..... 4</p> <p>Don't know..... 8</p>

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	Please indicate if your practice has produced quality reports on any of the following clinical quality measures <b>in the past 6 months</b> <sup>11</sup> . These reports could have been produced by someone on site (i.e., in your practice) or with the assistance of an external group or organization:
<b>Prac_cqm_aspirin</b>	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic (NQF 0068). Yes.....1 No.....2
<b>Prac_cqm_bp1</b>	Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year (NQF 0018). Yes.....1 No.....2
<b>Prac_cqm_smoke</b>	Percentage of patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user (NQF 0028). Yes.....1 No.....2
<b>Prac_EHR_satisfaction</b> Optional item	Overall, how satisfied or dissatisfied are you with your EHR/EMR system? Very satisfied.....1 Somewhat satisfied.....2 Somewhat dissatisfied. ....3 Very dissatisfied.....4
<b>Prac_newEHR</b> Optional item	At your practice are there plans for installing a new EHR/EMR system within the next 18 months? Yes.....1 No.....2 Maybe.....3 Unknown...4

Variable Name/ Core-optional Status	Item
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<sup>11</sup> Alternative survey item wording if your cooperative’s evaluation team prefers to use the practice cohort’s intervention end date to indicate the reference period for this item: Please indicate if your practice has produced quality reports on any of the following clinical quality measures since **[insert practice cohort’s intervention end date]**?

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	We would like to learn about the strategies that your practice uses to improve cardiovascular preventive care (e.g., prescribing aspirin for patients at risk for ischemic vascular disease, providing tobacco cessation services for smokers, appropriately managing hypertension, and prescribing statins for high risk patients). <b><u>These questions should be completed by one senior member of the practice who has good insights into the clinical operations of the practice, such as a lead clinician or an office manager.</u></b> <sup>12,13</sup>
	Indicate the extent to which you agree or disagree that your practice has used the following <b><u>strategies to improve cardiovascular preventive care:</u></b>
<b>CPCQ_Strat_Info_skills</b>	Providing information and skills-training Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_Strat_oplead_role mdl</b>	Using opinion leaders, role modeling, or other vehicles to encourage support for changes Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_Strat_sys_change</b>	Changing or creating systems in the practice that make it easier to provide high quality care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_Strat_red_barr</b>	Removal or reduction of barriers to better quality of care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3

<sup>12</sup> NOTE: CPCQ items are to stay together and in the order specified in this codebook in your collaborative’s survey.

<sup>13</sup> For details on scoring CPCQ items see this [article](#).



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	Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_org_teams</b>	Using teams focused on accomplishing the change process for improved care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_use_nonclinician</b>	Delegating to non-clinician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_authorize</b>	Providing to those who are charged with implementing improved care the power to authorize and make the desired changes Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_periodic_measurement</b>	Periodic measurement of care quality for assessing compliance with any new approach to care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_reporting_measurement</b>	Reporting measurements of practice performance on cardiovascular disease prevention measures (such as aspirin for patients at risk for ischemic vascular disease) for comparison with their peers Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4

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	Strongly agree..... 5 NA..... 8
<b>CPCQ_goals</b>	Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_customize</b>	Customizing the implementation of cardiovascular disease prevention care changes to the practice Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_rapid_cycles</b>	Using rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results for introducing organization-wide change in care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_design_care_clinician</b>	Deliberately designing care improvements so as to make clinician participation less work than before Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
<b>CPCQ_design_care_processes</b>	Deliberately designing care improvements to make the care process more beneficial to the patient Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8

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<b>CPCQ_Priority</b>	Consider all of the priorities your practice has over the next year. On a scale from 1 to 10 where one is no priority at all and 10 is the highest priority, what is the priority that your practice's leadership places on improving cardiovascular disease preventive care?  1      2      3      4      5      6      7      8      9      10 no priority .....highest priority
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