



The Commonwealth Fund 2013 Survey of Federally Qualified Health Centers

INSTRUCTIONS: Thank you for participating in The Commonwealth Fund 2013 Survey of Federally Qualified Health Centers (FQHCs). The purpose of this survey is to better understand the factors that facilitate and hinder quality improvement initiatives among FQHCs, particularly the establishment of medical homes. Your responses to this survey are **completely confidential** – any information you provide will be held in the strictest confidence.

Please read each question carefully. Using a blue or black pen, mark the box next to the appropriate response as indicated. It should take you about 15 minutes to complete the survey. Once you have completed the survey, please return it in the enclosed postage-paid envelope.

If you prefer, you can complete this survey online:

Please visit www.commonwealthfundfghc.org and enter the following pass code: **XXXX**.

If you have any questions about the survey, please call Linda Lomelino at 1-800-633-1986, Ext. 4310 or email llomelino@ssrs.com.

SECTION A: QUALITY IMPROVEMENT

1. Does your **health center organization** participate in any of the following **Quality Improvement (QI)** activities?

	Yes	No
a. Setting goals based on measurement results	<input type="checkbox"/>	<input type="checkbox"/>
b. Taking action to improve performance of individual physicians	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking action to improve performance of the health center organization as a whole	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your **health center organization** have support for the following **Quality Improvement (QI)** activities?
(If yes, does it have enough support?)

	Yes, and has enough	Yes, but needs more	No
a. Dedicated staff to lead QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information systems to provide timely data and feedback to staff on QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Financial support for QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Opportunities for staff training in QI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Opportunities for staff recognition for QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participation in learning communities and/or collaboratives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access to practice facilitators or QI coaches for QI activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which, if any, of the following performance data are collected and reported at your **health center organization**?
(If these data are collected and reported, please indicate at what level.)

	<u>ONLY</u> at the health center level	<u>ONLY</u> at the provider level	<u>BOTH</u> at the health center and provider levels	Not collected or reported
a. Clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Surveys of patient satisfaction and experiences with care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Surveys of clinician and/or staff satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How frequently does your **health center organization** report clinical performance data to providers for quality improvement?

- Weekly or more frequently
- Monthly or every few weeks
- Every few months
- Yearly
- My organization does not regularly report quality improvement data to providers

5. Is your **health center organization** currently participating in any of the following activities where the center and/or provider could receive financial incentives? (Financial incentives include bonuses, higher fees, risk-related payments, or reimbursements.)

	Yes, <u>ONLY</u> the center could receive incentives	Yes, <u>ONLY</u> the individual physician/provider could receive incentives	Yes, <u>BOTH</u> the center and the individual physician/provider could receive incentives	No
a. High patient satisfaction ratings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Achieving certain clinical care targets (e.g., performance on HEDIS like measures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Center participation in quality improvement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Managing patients with chronic disease or complex needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

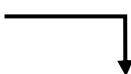
SECTION B: PATIENT INFORMATION SYSTEMS

6. Do you currently use patient electronic health records (EHRs) throughout your health center organization?

- Yes
 No



Continue to question 7
Skip to question 10



7. In how many sites are patient electronic health records being used?

_____ **Number of sites**

8. In what year did your health center organization implement its first patient EHR system?

- 2013
 2012
 2011
 2010
 2009
 Prior to 2009

9. Does your current patient EHR system meet **Meaningful Use** criteria as defined by the Department of Health and Human Services?

- Yes, Stage 1 only
 Yes, Stages 1 and 2
 No, neither
 Not Sure

For the following questions, please think about the largest site in your health center organization.
 If you have only one site, please think of that site.

10. Do you currently use any of the following technologies in your largest site?

	Yes, routinely	Yes, occasionally	No
a. Electronic entry of clinical notes, including medical history and follow-up notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electronic ordering of laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic access to patients' laboratory test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Electronic prescribing of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Electronic list of all medications taken by a patient (<i>including those prescribed by other doctors</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic alerts or prompts about a potential problem with drug dose or drug interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. With the patient medical records system you **currently** have, how easy would it be for the staff in your largest site to **generate** the following information about the majority of your patients?

	Easy (<24 hours)	Somewhat Difficult (< 1 week)	Difficult (≥ 1 week)	Cannot generate
a. List of patients by diagnosis (<i>e.g., diabetes or hypertension</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. List of patients by health risk (<i>e.g., smokers</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. List of patients by lab result (<i>e.g., HbA1C>9.0</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. List of patients who are due or overdue for tests or preventive care (<i>e.g., flu vaccine due</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. List of patients taking a specific medication (<i>e.g., patients on ACE inhibitors, or on a specific nonsteroidal anti-inflammatory medication</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. List of panel of patients by provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12. Can you generate any of the following information about the majority of your patients **electronically**?

	Yes	No
a. List of patients by diagnosis (e.g., diabetes or hypertension)	<input type="checkbox"/>	<input type="checkbox"/>
b. List of patients by health risk (e.g., smokers)	<input type="checkbox"/>	<input type="checkbox"/>
c. List of patients by lab result (e.g., HbA1C>9.0)	<input type="checkbox"/>	<input type="checkbox"/>
d. List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due)	<input type="checkbox"/>	<input type="checkbox"/>
e. List of patients taking a specific medication (e.g., patients on ACE inhibitors, or on a specific nonsteroidal anti-inflammatory medication)	<input type="checkbox"/>	<input type="checkbox"/>
f. List of panel of patients by provider	<input type="checkbox"/>	<input type="checkbox"/>

13. How often, if ever, are the following tasks performed at your **largest site**?

	Usually 75-100% of the time	Often 50-74% of the time	Sometimes 25-49% of the time	Rarely 1-24% of the time	Never
a. Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or HbA1C for diabetic patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provider receives an alert/prompt at point of care for appropriate care services needed by patients (e.g., pap smear or immunizations due)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Provider receives an alert or prompt to provide patients with test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Laboratory tests ordered are tracked until results reach clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Patients are provided with clinical summaries after their visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Patients with limited English are provided with clinical summaries in their language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Patient self-management goals are documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Are any of the following tasks completed **electronically**?

	Yes	No
a. Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or HbA1C for diabetic patients)	<input type="checkbox"/>	<input type="checkbox"/>
b. Provider receives an alert/prompt at point of care for appropriate care services needed by patients (e.g., pap smear or immunizations due)	<input type="checkbox"/>	<input type="checkbox"/>
c. Provider receives an alert or prompt to provide patients with test results	<input type="checkbox"/>	<input type="checkbox"/>
d. Laboratory tests ordered are tracked until results reach clinicians	<input type="checkbox"/>	<input type="checkbox"/>
e. Patients are provided with clinical summaries after their visit	<input type="checkbox"/>	<input type="checkbox"/>
f. Patients with limited English are provided with clinical summaries in their language	<input type="checkbox"/>	<input type="checkbox"/>
g. Patient self-management goals are documented	<input type="checkbox"/>	<input type="checkbox"/>

15. Does **your largest site** share any patient health information **electronically** (not including email or fax) with **other providers**, including hospitals, health departments, or labs?

- Yes → **Continue to question 16.**
- No → **Skip to question 17.**

16. Please indicate which types of health data your **largest site** shares **electronically** (not including email or fax) with:

		Yes	No
Hospitals in your area	a. Lab results	<input type="checkbox"/>	<input type="checkbox"/>
	b. Imaging reports	<input type="checkbox"/>	<input type="checkbox"/>
	c. Medication lists	<input type="checkbox"/>	<input type="checkbox"/>
	d. Visit summaries	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory care providers at other sites <u>within</u> your health center organization	a. Lab results	<input type="checkbox"/>	<input type="checkbox"/>
	b. Imaging reports	<input type="checkbox"/>	<input type="checkbox"/>
	c. Medication lists	<input type="checkbox"/>	<input type="checkbox"/>
	d. Visit summaries	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory care providers <u>outside</u> your health center organization	a. Lab results	<input type="checkbox"/>	<input type="checkbox"/>
	b. Imaging reports	<input type="checkbox"/>	<input type="checkbox"/>
	c. Medication lists	<input type="checkbox"/>	<input type="checkbox"/>
	d. Visit summaries	<input type="checkbox"/>	<input type="checkbox"/>

17. To what extent have you experienced the following as a barrier when using the EHR system at your **largest site**?

	Major barrier	Minor barrier	Not a barrier
a. Annual cost of maintaining an EHR system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Usefulness of templates for population management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequacy of training for your staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of productivity during the transition to an EHR system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Does your **largest site** offer patients the option to...?

	Yes	No
a. View tests results online	<input type="checkbox"/>	<input type="checkbox"/>
b. Request appointments or referrals online	<input type="checkbox"/>	<input type="checkbox"/>
c. Incorporate patient generated/device data (e.g., blood glucose) online	<input type="checkbox"/>	<input type="checkbox"/>
d. Request refills for prescriptions online	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: ACCESS TO CARE & CARE COORDINATION

19. How often do patients at your **largest site** receive the following services, when they need them?

	Usually 75-100% of the time	Often 50-74% of the time	Sometimes 25-49% of the time	Rarely 1-24% of the time	Never
a. Health education or training in self-management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Case managers who help coordinate patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefit counseling or insurance eligibility assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Mental or behavioral health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please indicate if the following types of patient visits can be scheduled at your **largest site** during early morning, evening and/or weekend hours.

		Yes	No
Early Morning Hours (before 8:30 a.m.)	a. Sick Visits / Urgent care	<input type="checkbox"/>	<input type="checkbox"/>
	b. Regular or well visits	<input type="checkbox"/>	<input type="checkbox"/>
Evening Hours (after 6:00 p.m.)	a. Sick Visits / Urgent care	<input type="checkbox"/>	<input type="checkbox"/>
	b. Regular or well visits	<input type="checkbox"/>	<input type="checkbox"/>
Weekend Hours	a. Sick Visits / Urgent care	<input type="checkbox"/>	<input type="checkbox"/>
	b. Regular or well visits	<input type="checkbox"/>	<input type="checkbox"/>

21. How often do you think patients experience the following at your **largest site**?

	Usually 75-100% of the time	Often 50-74% of the time	Sometimes 25-49% of the time	Rarely 1-24% of the time	Never
a. Patients' appointments are scheduled with their personal clinician versus another clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patients are able to receive a same or next-day appointment when they request one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patients can get telephone advice on clinical issues during office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patients can get telephone advice on clinical issues on weekends or after regular office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Patients can email providers about clinical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff identify and contact your high risk patients to assist with their care management needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Are there currently **shortages** (i.e., *budgeted positions that are currently open*) of the following types of personnel in your **largest site**?

	Yes	No	Not Applicable
a. Primary Care Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nurse Practitioners (including Certified Nurse Midwives)/Physician Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Care Managers/Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nurses (including RNs and LPNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatrists and other licensed mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pharmacy Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trained language medical interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Benefit and insurance eligibility counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Does your **largest site** have any difficulty finding the following bilingual personnel?

	Yes	No	Not Applicable
a. Primary Care Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nurse Practitioners (including Certified Nurse Midwives)/Physician Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Care Managers/Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nurses (including RNs and LPNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Benefit and insurance eligibility counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Please indicate which members of your staff routinely perform the following tasks as part of their regular jobs at your **largest site**.

		Yes	No	Not Applicable
Call patients to check on medications, symptoms, or help coordinate care in between visits	a. Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Advanced Practice Providers (e.g., NPs, PAs, CNMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Nurses (e.g., RNs, LPNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other Clinical Staff (e.g., MAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Non-Clinical Staff (e.g., outreach, enabling staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community Health Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Care coordinators/patient navigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execute standing orders for medication refills or ordering tests	a. Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Advanced Practice Providers (e.g., NPs, PAs, CNMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Nurses (e.g., RNs, LPNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other Clinical Staff (e.g., MAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Non-Clinical Staff (e.g., outreach, enabling staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community Health Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Care coordinators/patient navigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate patients about managing their own care	a. Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Advanced Practice Providers (e.g., NPs, PAs, CNMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Nurses (e.g., RNs, LPNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other Clinical Staff (e.g., MAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Non-Clinical Staff (e.g., outreach, enabling staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community Health Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Care coordinators/patient navigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate care with providers outside of your center (e.g., scheduling subspecialty visits)	a. Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Advanced Practice Providers (e.g., NPs, PAs, CNMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Nurses (e.g., RNs, LPNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other Clinical Staff (e.g., MAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Non-Clinical Staff (e.g., outreach, enabling staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community Health Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Care coordinators/patient navigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Does your **largest site** have any of the following types of relationships with your local hospital(s)?

	Yes	No
a. Hospital affiliation with referral of your patients for specialist or subspecialist care	<input type="checkbox"/>	<input type="checkbox"/>
b. Hospital affiliation with your physicians having admitting privileges	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospital referral to your center's largest site (e.g., from ER or from newborn nursery)	<input type="checkbox"/>	<input type="checkbox"/>
d. Residency training site for hospital	<input type="checkbox"/>	<input type="checkbox"/>
e. Hospital support of your QI activities (i.e., financial and/or collaborative support)	<input type="checkbox"/>	<input type="checkbox"/>
f. Hospital support of IT adoption and use (i.e., financial and/or collaborative support)	<input type="checkbox"/>	<input type="checkbox"/>

26. How difficult is it for your providers to obtain timely appointments for **office visits** with specialists or subspecialists outside your health center organization for patients with each of the following types of coverage? (*If more than one site, please think of your **largest site***)

	Easy	Somewhat Difficult	Very Difficult	Not Applicable
a. Uninsured patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other privately insured patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How difficult is it for your providers to obtain **procedures** with specialists or subspecialists outside your health center organization for patients with each of the following types of coverage? (*If more than one site, please think of your **largest site***)

	Easy	Somewhat Difficult	Very Difficult	Not Applicable
a. Uninsured patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other privately insured patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. When patients are referred to specialists or subspecialists **outside your largest site**, how often does each of the following occur?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. The referring provider receives a report back from the specialist/subspecialist about care given to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The report from the specialist/subspecialist is received by the center within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your center tracks specialist/subspecialist referrals until the consultation report returns to the referring provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Thinking about the hospital to which patients at your **largest site** are most commonly admitted, if a patient is admitted to the hospital or emergency department how often does the following happen?

	Usually 75–100% of the time	Often 50–74% of the time	Sometimes 25–49% of the time	Rarely 1–24% of the time	Never
a. Hospital notifies your center that a patient has been admitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hospital notifies your center within 24 hours that a patient has been discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Emergency department notifies your center that your patient has had an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your center receives a discharge summary or report from the hospital to which your patients are usually admitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hospital involves your center in discharge planning or transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How long does it usually take for a hospital discharge summary or report to arrive at your **largest site**?

- Less than 48 hours
- 2-4 days
- 5-14 days
- 15-30 days
- More than 30 days
- Site does not receive discharge summaries

31. How often, if ever, are the following services available at your **largest site** for communicating with patients who do not speak English?

	Usually 75-100% of the time	Often 50-74% of the time	Sometimes 25-49% of the time	Rarely 1-24% of the time	Never
a. Bilingual clinical staff who provide translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bilingual non-clinical staff (e.g., front desk staff) who translate for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trained interpreters available onsite within the center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Telephone lines to access off-site interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: CURRENT & FUTURE PROGRAM PARTICIPATION

32. Thinking about your **largest site**, is this site formally recognized as a Patient-Centered Medical Home (PCMH) by a national or state entity (e.g., National Committee for Quality Assurance, URAC, or official state qualification standards)?

- Yes
- No, but we plan to apply
- No, and we don't plan to apply
- Not Sure

33. Do you receive any enhanced payment for serving as a Patient-Centered Medical Home at your **largest site**?

- Yes
- No

For the following questions, please think about your **health center organization**.

34. How supportive, if at all, is the Board of your **health center organization** to the following issues:

	Extremely supportive	Very supportive	Moderately supportive	Not at all supportive	Not sure
a. Performance evaluation of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality improvement for patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Participation in studies or research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Does your **health center organization** participate in any Center for Medicare and Medicaid Innovation (CMMI) initiatives (e.g., Advanced Primary Care Practice Demonstration or Innovation Challenge Grants)?

- Yes, we participate
- No, but we plan to participate
- No, and we don't plan to participate
- Not Sure

36. Does your **health center organization** participate in any *Accountable Care Organization* or similar arrangement by which you may share savings with insurers (including private insurance, Medicare, Medicaid, and other public options)?

- Yes, we participate
- No, but we plan to participate
- No, we are unable to participate
- No, we are not interested in participating
- Not sure

Skip to question 38
Skip to question 38

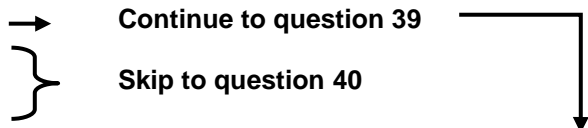


37. How important were the following factors in your decision not to participate in an ACO?

	Very important	Somewhat important	Not at all important
a. Lack of clear understanding of ACO proposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Too many competing priorities at this time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of start-up capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of time or personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of confidence in ability to meet cost and/or quality benchmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Limited perceived financial and/or clinical benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Concerns about partnerships with hospitals and specialists in proposed network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Lack of available partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Has your **health center organization** applied or is it planning to apply to CMS's **Meaningful Use** of Health IT Incentive Program?

- Yes, we already applied
- Yes, we plan to apply
- Uncertain if we will apply
- No, we will not apply



39. In which, if any, of the following years did your **health center organization** receive funding from CMS's **Meaningful Use** Incentive Program?

	Received funding	Did not receive funding
In 2011	<input type="checkbox"/>	<input type="checkbox"/>
In 2012	<input type="checkbox"/>	<input type="checkbox"/>
In 2013	<input type="checkbox"/>	<input type="checkbox"/>

40. How, if at all, have the following changed at your **health center organization** in the past two years?

	Much Improved	Improved	About the Same	Worse	Much Worse	Don't know
a. Clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient satisfaction and experiences with care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The center's ability to recruit and retain nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The center's ability to recruit and retain physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The center's ability to recruit and retain other staff (e.g., community health workers, case managers, benefit counselors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provider and staff satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Productivity (visits divided by providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. How is your **health center organization** preparing for Medicaid expansion and/or the creation of the new insurance marketplaces (exchanges) in 2014?
(If these changes are not currently being implemented, please indicate if you have any plans to implement them in the future.)

	Currently implementing	Plan to do within the next year	No plans to implement	Not Sure
a. Hiring/training of staff to help patients apply for health insurance coverage, such as Medicaid, CHIP, Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hiring new administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hiring new clinical staff including physicians and nurse practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hiring more medical assistants, community health workers to expand clinical care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Investing in Telehealth or Telemonitoring systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Expanding specialty care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Collaborating and/or sharing clinical services with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Expanding and/or integrating behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. What challenges do you anticipate for your **health center organization** with Medicaid expansion and/or the creation of the new insurance marketplaces (exchanges) in 2014?

	Major Problem	Minor Problem	Not a problem at all
a. Staff retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physician shortages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse practitioner and PA shortage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Retaining patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Decreased Medicaid reimbursement rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Large volume of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintaining quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Maintaining improvements achieved through quality initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Maintaining access to oral health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: CHARACTERISTICS OF PATIENT POPULATIONS AT YOUR LARGEST SITE

For the following, please base your responses on actual data from your **largest site**, if data are available.

43. Please indicate the total number of patients at your **largest site**: _____
(This number should reflect the information you reported to UDS in your 2012 report submitted this February.)

44. What percent of patients at your **largest site** have the following types of insurance?

Medicare	_____ %
Medicaid/CHIP	_____ %
Other Public Insurance	_____ %
Private insurance	_____ %
Self-pay	_____ %
Other (Please specify: _____)	_____ %

45. What percentage of the patients in your **largest site** are...?

	Less than 10%	10% to less than 25%	25% to less than 50%	50% or more
a. African American or Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. More than one race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Served in a language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: RESPONDENT INFORMATION

46. What is your title?

- Executive Director
- Medical Director
- Chief Financial Officer
- Director of Nursing
- Other (*please specify* : _____)

47. Who else, if anyone, did you consult with to complete this survey? (*Select all that apply.*)

- Executive Director
- Medical Director
- Chief Financial Officer
- Director of Nursing
- Other staff
- No one, I completed it independently

If your health center organization serves more than one site, please answer the following for your **largest site.**

For data analysis purposes, it is important to know exactly where your largest site is located. All data collected in the survey will be completely confidential and will never identify you and/or your facility individually.

County _____ Address: _____

State: _____ Zip Code: _____

This is the end of the survey. Thank you, we greatly appreciate your time and cooperation!

Please place the completed survey in the prepaid return envelope and mail it back to the address on the envelope:

**SSRS
53 West Baltimore Pike
Media, PA 19063**

If you have misplaced the return envelope, please call 1-800-633-1986 for a replacement.