Appendices

WELCOME & OVERVIEW

Welcome to the **Quality Improvement Processes in Monterey County Health Care System (QIPMC) Survey**. This survey is being sent to healthcare service providers - that serve residents of Monterey County
- as a part of the Monterey County Health Department's Prevention First 1305 Project.

The purpose of this survey is to assess the utilization of: Electronic Health Records, Team Based Care, the National Diabetes Prevention Program, and Community Health Workers - all with a focus on prevention of diabetes and hypertension.The survey findings will be used to develop training opportunities in support of provider's efforts to:

-expand use of Electronic Health Records for reporting on performance measures,
-develop or expand the use of Team Based Care approaches to service delivery,
-develop or expand the application of the National Diabetes Prevention Program standards,and
-engage Community Health Workers in the provision of diabetes and hypertension prevention and self- management programs.

This survey also serves as a follow up to the 2012 Monterey County Safety Net Provider Study that created an initial profile of safety net provider's capacity to serve the most vulnerable residents in Monterey County. Findings from the Safety Net Provider Study can be found on the Monterey County Health Department website under the *Health Care & Access* header: http://www.mtyhd.org/index.php/data-publications/.

The Prevention First 1305 project and QIPMC survey has been produced with funding from the Centers for

SURVEY INSTRUCTIONS

This survey is being sent to organizational managers of hospitals, clinic systems and physician medical groups. It is not being sent to individual clinic locations, satellite sites, or individual physician practices that are part of a medical group. Please complete this survey answering the questions on behalf of **all** of your organizations' clinical/program sites. (*Note: Independent physician practice sites may receive this survey.*)

This survey should be completed by someone who is familiar with your organization's operations including programs offered, personnel employed, and use of electronic health records. If you do not think you are the right person to complete the survey, please exit and forward the email/survey link to the appropriate person in your organization.

While completing the survey, please use the **PREV** and **NEXT** buttons at the bottom of each page to move through the survey. If you need to stop and come back to the survey, you can answer some questions, exit the survey, and return to complete the survey at a later time. (Note: The information you entered at the point you leave the survey will be saved and the survey should open where you left off.)

If more than one person in your organization will contribute to the survey, please complete the section(s) with which you are familiar and then forwardtheoriginalemail/surveylink to them. (The survey should open for the next individual at the point where you left off.)

Please note that questions marked with an asterisk (*) require an answer.

NOTE: Once you click DONE at the end of the survey your data will be submitted and your organization will not be able to re-enter the survey.

If at any time you have questions or need assistance completing the survey, please contact our Prevention First project staff: **Julie Burr** at jburr@csumb.edu or **Kymber Senes** at ksenes@csumb.edu.

Thank you for your participation!

GENERAL INFORMATION

(* Indicates a required question.)

* 1. Please provide the name of your organization.

2. Please provide the location and contact information for your organization's primary administrative office.

Street Address	
Address 2	
City/Town	
ZIP/Postal Code	
Website	
Phone Number	

* 3. Please provide contact information for the person primarily responsible for completing this survey.

Name	
Position Title	
Phone	
Email Address	
Fax	

* 4. Please indicate which of the following best describes your organization's status or type. (Please check all that apply.)

- [ ] Accountable Care Organization (ACO)

- [ ] Community (Nonprofit) Health Center (CHC)

- [ ] Durable Medical Equipment

- [ ] Extended Care Facility

- [ ] Faith-based Health Center

- [ ] Federally Qualified Health Center (FQHC)

- [ ] FQHC Look-alike Clinic

- [ ] Free Clinic

- [ ] Local Public Health Agency Providing Clinical Care

- [ ] Health Insurance Plan (HMO, PPO)

- [ ] Home Health Agency

- [ ] Homeless Health Care Clinic

- [ ] Hospital without Primary Care Services

- [ ] Hospital System with Primary Care Services

- [ ] Health Center Controlled Network (HCCN)

- [ ] Independent Physician Association (IPA)

- [ ] Indian Health Service or Tribal Clinic

- [ ] Long-term Care Facility

- [ ] Managed Care/HMO Provider

- [ ] Migrant Health Clinic

- [ ] Mobile health clinic (active mobile unit)

- [ ] Mobile health clinic (stationary or fixed mobile unit)

- [ ] Patient Centered Medical Home (PCMH) - Please indicate below in the "other" comment box if your organization is "recognized" and at what level (1, 2 or 3).

- [ ] Pharmacy

- [ ] Private (Independent) Physician Practice

- [ ] Private Physician Medical Group

- [ ] Religious Establishment

- [ ] Rural Health Center/Clinic (RHC)

- [ ] School-based clinic

- [ ] Other (please specify) or indicate PCMH Level (if chosen above

GENERAL INFORMATION

5. Please indicate the number of individual clinics or medical practice sites (including satellites) your organization operates as of January 1, 2016.

	Total number of sites
Number of clinics or medical practice sites	[ ]

6. Please enter the names (and/or locations) of your organization's individual clinic or medical practice sites.

1. [   ]

2. [   ]

3. [   ]

4. [   ]

5. [   ]

6. [   ]

7. [   ]

8. [   ]

9. [   ]

10. [   ]

11. [   ]

12. [   ]

13. [   ]

14. [   ]

15. [   ]

7. Please enter the names (and/or locations) of any additional new clinic or medical practice sites your organization will begin operating within the next three years.

1. [   ]

2. [   ]

3. [   ]

4. [   ]

5. [   ]

(* Indicates a required question.)

8. Please indicate your organization's regular posted hours of operation::

	Site(s) open in the morning at:	Site(s) close for lunch at:	Site(s) reopen after lunch at:	Site(s) close in the afternoon/evening at:
Monday	⬍	⬍	⬍	⬍
Tuesday	⬍	⬍	⬍	⬍
Wednesday	⬍	⬍	⬍	⬍
Thursday	⬍	⬍	⬍	⬍
Friday	⬍	⬍	⬍	⬍
Saturday	⬍	⬍	⬍	⬍
Sunday	⬍	⬍	⬍	⬍

Comment

9. Does your organization accept all patients in need of services (regardless of their ability to pay), i.e, do you provide services free of charge if a patient presents with a health need and does not qualify for any existing reimbursement program, does not have insurance, and does not have cash to self-pay?

◯ Yes

◯ No

◯ Don't Know

Comment

10. Please indicate whether your organization is accepting new patients in the following payor categories:

	Yes, we are accepting new patients	No, we are not accepting new patients and will not in the future	We are not currently accepting new patients, but expect to in the future	Not applicable, we do not accept this type of coverage	Don't know
Medi-Cal Managed Care (Central California Alliance for Health)	○	○	○	○	○
Medi-Cal (emergency/pregnancy)	○	○	○	○	○
Medi-Care	○	○	○	○	○
County Indigent/CMSP/MISP	○	○	○	○	○
Covered California (subsidized private health insurance)	○	○	○	○	○
Private Health Insurance (e.g., provided through employer)	○	○	○	○	○
Self-pay/Cash	○	○	○	○	○
Free Services (for those who are income eligible)	☐	☐	☐	☐	☐

Other (please specify)

[   ]

11. Please indicate the total number of UNIQUE(NON-DUPLICATED) PATIENTS your organization served during the period January 1 - December 31, 2015.

[   ]

* 12. Please indicate approximately how many UNIQUE(NON-DUPLICATED) ADULT(18+yearsof age)PATIENTS your organization served during the period January 1 - December 31, 2015.

[   ]

13. Please indicate the total number of PATIENTVISITS your organization served during the period January 1 - December 31, 2015.

[   ]

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GENERAL INFORMATION

</div>

14. Please indicate the total number of currentFTEs (as of January 1, 2016) for each of the following positions employed/utilized by your organization and the total number of newFTEs that couldbe added if demand increased and resources were available (within your current physical location and hours of operation):

	Total number of currentFTEs employed/utilized	Total number of newFTEs that could be added
Family Practice Physicians	⬍	⬍
Internal Medicine Physicians	⬍	⬍
Obstetricians/Gynecologists (OB/GYNs)	⬍	⬍
Dentists	⬍	⬍
Psychiatrists	⬍	⬍
Psychologists	⬍	⬍
MSW/LCSWs	⬍	⬍
Marriage and Family Therapists (MFTs)	⬍	⬍
Advanced Practitioners (NPs, Certified Nurse Midwives, etc.)	⬍	⬍
Advanced Practitioners (PAs)	⬍	⬍
Registered Nurses (RNs)	⬍	⬍
Licensed Vocational Nurses (LVNs)	⬍	⬍

	Total number of currentFTEs employed/utilized	Total number of newFTEs that could be added
Certified Nursing Assistants (CNAs)	⬍	⬍
Medical Assistants (MAs)	⬍	⬍
Health Educators (HEs)	⬍	⬍
Registered Dietitians (RDs)	⬍	⬍
Community Health Workers (CHWs)/Promotores	⬍	⬍
Pediatricians	⬍	⬍
Acupuncturists	⬍	⬍
Physical Therapists	⬍	⬍
Occupational Therapists	⬍	⬍
Chiropractors	⬍	⬍
Pharmacists	⬍	⬍
Other	⬍	⬍

If Other, please specify the type:

15. Please indicate the level of difficulty your organization has recruiting and/or retaining the following types of medical staff: (Note: N/A indicates that you do not currently employ the position)

	Very Difficult	Difficult	Somewhat Difficult	Not Difficult	Don't know	N/A
Family Practice Physicians	○	○	○	○	○	○
Internal Medicine Physicians	☐	☐	☐	☐	☐	☐
Obstetricians/Gynecologists (OB/GYNs)	○	○	○	○	○	○
Dentists	☐	☐	☐	☐	☐	☐
Psychiatrists	○	○	○	○	○	○
Psychologists	☐	☐	☐	☐	☐	☐
MSW/LCSWs	○	○	○	○	○	○
Marriage and Family Therapists (MFTs)	☐	☐	☐	☐	☐	☐
Advanced Practitioners (NPs, Certified Nurse Midwives, etc.)	○	○	○	○	○	○
Advanced Practitioners (PAs)	☐	☐	☐	☐	☐	☐
Registered Nurses (RNs)	○	○	○	○	○	○
Licensed Vocational Nurses (LVNs)	☐	☐	☐	☐	☐	☐
Certified Nursing Assistants (CNAs)	○	○	○	○	○	○
Medical Assistants (MAs)	☐	☐	☐	☐	☐	☐
Health Educators (HEs)	○	○	○	○	○	○
Registered Dietitians (RDs)	☐	☐	☐	☐	☐	☐
Community Health Workers (CHWs)/Promotores	○	○	○	○	○	○
Pediatricians	☐	☐	☐	☐	☐	☐
Accupuncturists	○	○	○	○	○	○
Physical Therapists	☐	☐	☐	☐	☐	☐
Occupational Therapists	○	○	○	○	○	○
Chiropractor	☐	☐	☐	☐	☐	☐
Pharmacists	○	○	○	○	○	○
Other	☐	☐	☐	☐	☐	☐

If Other, please specify type:

[   ]

16. Please indicate how important the following areas of training are for your organization:

	Very Important	Important	Somewhat Important	Not Important	N/A
Case management	○	○	○	○	○
Chronic disease management (esp. diabetes or hypertension)	○	○	○	○	○
Clinical evaluation	○	○	○	○	○
Community Health Workers	☐	☐	☐	☐	☐
Community-needs assessment	○	○	○	○	○
Electronic health records management	☐	☐	☐	☐	☐
Financial management	○	○	○	○	○
Grant writing	☐	☐	☐	☐	☐
Health information system management	○	○	○	○	○
Health literacy	☐	☐	☐	☐	☐
Health system navigators	○	○	○	○	○
Interdisciplinary/integrated care management	☐	☐	☐	☐	☐
Management/leadership	○	○	○	○	○
National Diabetes Prevention Program (NDPP)	☐	☐	☐	☐	
☐ Patient-centered medical home model	○	○	○	○	○
Program evaluation	☐	☐	☐	☐	☐
Team-based care	○	○	○	○	○
Telehealth services	☐	☐	☐	☐	☐

Other- Please identify "other" priority areas of training needed:

[   ]

HEALTH INFORMATION TECHNOLOGY & MEANINGFUL USE OF ELECTRONIC HEALTH/MEDICAL RECORDS

DEFINITION OF AN ELECTRONIC HEALTH RECORD/ELECTRONIC MEDICAL RECORD (EHR/EMR):
An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization(s), e.g., communication from a clinic to a lab or hospital to a clinic.

(* Indicates a required question.)

* 17. Is your organization currently using a certified EHR/EMR system?

◯ Yes

◯ No

◯ Don't know

Comment

ORGANIZATIONS WITHOUT AN EHR/EMR SYSTEM

(* Indicates a required question.)

* 18. Does your organization have a plan to acquire and implement an EHR/EMR?

◯　Yes, we have purchased/are going to purchase and implement within the year (by December 31, 2016)

◯　Yes, we are planning/exploring vendors and systems for implementation within the next 1-3 years (by December 31, 2018)

◯　Yes, we would like to implement an EHR/EMR system by 2016, but have not yet started planning/exploring vendors

◯　Yes, we are planning/exploring vendors and systems for implementation within the next 2-3 years (by 2018)

◯　Yes, we would like to implement an EHR/EMR system within the next 4-5 years, but have not yet started planning/exploring vendors

◯　No, we have no plans to implement an EHR/EMR system in the next 5 years

◯　Don't know

◯　Other (please specify) and/or indicate when your system will be implemented (month/year):

ORGANIZATIONS WITH AN EHR/EMR SYSTEM

(* Indicates a required question.)

* 19. In what year did your organization begin using the EHR/EMR system?

* 20. What is the name of the main EHR/EMR system your organization uses?

MEANINGFUL USE OF EHR/EMRs:

The Centers for Medicare & Medicaid Services (CMS) began providing financial incentives for the meaningful use of certified electronic health records starting in 2011. All qualified professionals are potentially eligible for Medicare financial incentives. To be eligible for Medicare incentives, physicians and advanced practice nurses must have a patient mix with 30% or more Medicaid patients (pediatricians need 20% of their patients to be Medicaid). Many of the questions on this survey follow the Medicare and Medicaid requirements.

HEALTH INFORMATION EXCHANGE (HIE):

HIE is the electronic movement of health-related information among organizations according to nationally recognized standards. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, equitable, patient-centered care.

HL7 STANDARDS:

HL7 provides a framework (and related standards) for the exchange, integration, sharing, and retrieval of electronic health information. These standards define how information is packaged and communicated from one party to another, setting the language, structure and data types required for seamless integration between systems.

(* Indicates a required question.)

* 21. Is your EHR/EMR system certified by the Office of the National Coordinator for Health Information Technology (ONC) for the EHR/EMR Meaningful Use incentive program?

☐ Yes

☐ No

☐ Don't know

◯ Other (please specify)

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[                                          ]
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* 22. Please indicate if your organization is participating in the EHR/EMR Meaningful Use incentive program and at what level of "Meaningful Use" has your organization achieved.

◯ Yes, we are in the Adopt, Implement, Upgrade (AIU) phase for our first year in 2015

◯ Yes, we are working toward Stage1 in 2016

◯ Yes, we have achieved Stage1 of Meaningful Use including: Data capture and sharing: E-prescribing, lab results into EHRs, send clinical summary to providers/patients, public health reporting, quality reporting

◯ Yes, we are working toward Stage2 in 2016

◯ Yes, we have achieved Stage2 of Meaningful Use including: Advanced clinical processes: Patient PHR access, e-prescribing refills, electronic summary record, receive health alerts, immunization information

◯ Yes, we have achieved Stage3 of Meaningful Use including: Improved outcomes: Access comprehensive patient data, automated real-time surveillance

◯ No, we are not participating in the Meaningful Use program at this time (Please indicate *why* below)

◯ Don't know

If your organization is not participating in the Meaningful Use program at this time, please state why:

---

* 23. Does your organization participate or collaborate with a Health Information Exchange (HIE), e.g., Central Coast Health Connect?

◯ Yes

◯ No

◯ Don't know

◯ Other (please specify)

24. Does your EHR/EMR system support any of the following HIE functionality? (Please check all that apply.)

	Yes	No	Don't know
<u>Directed</u> Exchange – EHR/EMR system has the ability to send and receive secure (clinical and/or administrative) information electronically between health care providers to support coordinated care	○	○	○
<u>Query-based</u> Exchange – EHR/EMR system has the ability (allows providers) to search and/or request accessible clinical information on a patient from other providers	☐	☐	☐
<u>ConsumerMediated</u> Exchange – EHR/EMR system has the ability (allows patients) to access and manage their health information online (e.g., similar to managing personal finances through online banking).	○	○	○

Other (please specify)

[   ]

25. Is your organization able to provide data to local public health departments that conforms to HL7 standards?

☐ Yes

☐ No

☐ Don't know

☐ Other (please specify)

[   ]

* 26. Do health care providers in your organization exchange patient health information electronically with other providers:

	Yes	No	Don't Know
Within your organization	○	○	○
Outside you organization	☐	☐	☐

Comment

[   ]

27. Please indicate which of the following electronically integrates with your organization's EMR/EHR system. Select all that apply:

☐ Pharmacy system Lab

☐ system Radiology/Imaging

☐ system Clinical/Disease

☐ registry Other (please

☐ specify)

[   ]

TRACKING PATIENT DATA

28. Does your EHR/EMR system have the ability to track and record:

	Yes	No	Don't know
Providers associated with a patient encounter	○	○	○
Clinical documentation and notes	☐	☐	☐
Ordered and pending labs	○	○	○
Ordered and pending diagnostic test results (e.g., mammography or other screening tests)	○	○	○
Provider orders (including referrals)	○	○	○
External documents (e.g., advanced directives or history & physicals)	☐	☐	☐

Other (please specify)

[   ]

29. Please indicate the frequency of alerts, prompts, and reminders sent by your organization for the following:

	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	Don't know
Patients are identified and sent reminder notices when it is time for regular preventative or follow-up care, e.g., diabetes, high blood pressure, colorectal cancer, influenza, etc.	○	○	○	○	○	○
Patient-specific education resources are identified and sent to patients when appropriate, e.g. patient self-management of diabetes or high blood pressure, asthma action plans for asthma patients or tobacco cessation resources for tobacco users, etc.	○	○	○	○	○	○
Patients are identified and sent reminders for needed follow-up care, e.g., follow-up appointments, scheduled procedures, etc.	○	○	○	○	○	○
Providers receive an alert or prompt at the point of care for appropriate care or services needed by patient	☐	☐	☐	☐	☐	☐
Laboratory test results are tracked until results reach clinicians	○	○	○	○	○	○
Clinician receives an alert or prompt to provide patients with test results	○	○	○	○	○	○

Other (please specify)

[ ]

30. Choose the option that <u>bestdescribes</u> your organization's use of paper charts for patient information tracking?

◯ We do not maintain paper charts--we are entirely paperless

◯ We primarily use the EHR/EMR system, but maintain paper charts for some patient/clinical information

◯ We are in the process of transitioning to an entirely paperless system and are currently using both

◯ We document all patient data in both paper charts and the EHR/EMR system

◯ We primarily use paper charts, but maintain electronic records for some clinical information

◯ Don't know

◯ Other (please specify)

[ ]

TRACKING AND REPORTING OF CLINICAL QUALITY MEASURES (CQMs)

(* Indicates a required question.)

* 31. Does your organization use your EHR/EMR system to collect and submit clinical quality measures (CQMs) reports to an outside agency/organization, e.g., CMS, HRSA, OSHPD, HEDIS, etc.?

◯ Yes, we use our EHR/EMR system to collect and report CQMs

◯ Yes, we use a reporting tool that receives data from our EHR/EMR system to collect and report CQMs

◯ No, we do not use our EHR/EMR system to collect or report CQMs

◯ Don't know

If yes, which organizations do you report CQMs to?

[ ]

* 32. If your organization conducts EHR/EMR electronic reporting of CQMs, do you report the following:

	Yes	No	Don't know
Hypertension CQM (i.e., National Quality Forum or NQF #18) - The percentage of patients 18 to 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.	○	○	○
Diabetes CQM (NQF #59) - The % of patients 18-75 years old with type 1 & type 2 diabetes whose most recent HbA1c level was greater than 9.0% (poor control) or was missing a result or the HbA1c test was not done during the measurement year.	☐	☐	☐

Comment

[   ]

* 33. If your organization <u>does not report</u> CQMs, does your EHR/EMR system <u>have the capability to</u> do the following:

	Our EHR/EMR system has the <u>capability</u> to track this measure internally	Our organization <u>tracks</u> this measure internally in our EHR/EMR system	Not Applicable	Don't Know
Hypertension NQF #18	○	○	○	○
Diabetes NQF #59	☐	☐	☐	☐

Comment

[   ]

ELECTRONIC STORAGE OF LAB AND TEST RESULTS

34. Does your organization use an EHR/EMR system to retrieve lab and/or diagnostic test results (e.g., HbA1C values and mammogram results)?

	Labs	DiagnosticTests
Yes, our providers regularly use our EHR/EMR system to access all:	☐	☐
Yes, our providers occasionally use our EHR/EMR system to access some, but not all:	☐	☐
No, our providers do not use our EHR/EMR system, but primarily use paper, faxes, or phone communication to access:	☐	☐
Don't know	☐	☐
Other	☐	☐

Comments:

[   ]

35. Does your organization incorporate test results (e.g., HbA1C or HDL/LDL values) into the EHR/EMR system as structureddataorreportabledata? For example, are test results that are entered into our EHR/EMR system indicated in a digital or coded format, i.e, using numbers or standard values (either "positive" or "negative")?

	Labs	DiagnosticTests
Usually, 75-100% of results are recorded as structured data for:	☐	☐
Often, 50-74% of results are recorded as structured data for:	☐	☐
Sometimes, 25-49% of results are recorded as structured data for:	☐	☐
Rarely, 1-24% of results are recorded as structured data for:	☐	☐
No, we do not record results as structured data for:	☐	☐
Don't Know	☐	☐

Comments:

[   ]

QUALITY IMPROVEMENT FUNCTIONS FOR POPULATION HEALTH MANAGEMENT

36. Please indicate whether your organization uses data from your EHR/EMR system for the following internal quality improvement efforts:

	Yes	No	Don't know
To create benchmarks and clinical priorities	○	○	○
To share data with providers	☐	☐	☐
To set goals around clinical guidelines	○	○	○

Other (please specify)

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37. What strategies is your organization using to develop the capacity to track health improvement in your patient population utilizing your EHR/EMR system?

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38. What challenges does your organization face with regard to utilizing your EHR/EMR system for quality improvement?

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39. Is your organization able to generate at least one report from your EHR/EMR system that lists patients by a specific condition (i.e., reporting to a disease registry)?

◯ Yes

◯ No

◯ Don't know

Other (please specify)

[   ]

40. If your organization is able to generate reports by condition utilizing your EHR/EMR system, for which diseases do you currently generate reports? (Please check all that apply.)

☐ Asthma

☐ Cancer (any type)

☐ Chronic Obstructive Pulmonary Disease (COPD)

☐ Congestive heart failure

☐ Depression

☐ Diabetes

☐ End stage renal disease

☐ Hypertension (high blood pressure)

☐ Stroke

☐ Vascular disease

☐ Not applicable, we cannot generate reports from our system

☐ No, this function is currently inoperable or turned off

☐ Other (please specify

[   ]

EHR/EMR SYSTEM SATISFACTION

(* Indicates a required question.)

* 41. Please rate your satisfaction with your current EHR/EMR system:

	Very unsatisfied	Somewhat unsatisfied	Neutral	Somewhat satisfied	Very satisfied	Don't Know
Current EHR/EMR system	○	○	○	○	○	○

Comment

[   ]

42. What would your organization need to expand or more effectively use your current EHR/EMR system?

[   ]

EHR/EMR SYSTEM CHALLENGES & SUPPORT

(* Indicates a required question.)

* 43. Please indicate how significant the following challenges are for your organization's adoption or use of an EHR/EMR system.

	Very significant barrier	Significant barrier	Somewhat significant barrier	Not a significant barrier	N/A
Administration support	○	○	○	○	○
Cost to acquire	☐	☐	☐	☐	☐
Difficulty in changing workflow patterns	○	○	○	○	○
Justifying the expense	☐	☐	☐	☐	☐
Internal knowledge/technical resources	○	○	○	○	○
Lack of staff education and training	○	○	○	○	○
Non-physician provider support	○	○	○	○	○
Physician support	☐	☐	☐	☐	☐
Return-on-investment concerns	○	○	○	○	○
Security/Privacy concerns	☐	☐	☐	☐	☐
Technology is not user friendly	○	○	○	○	○
Disagreements about the usefulness of the system	○	○	○	○	○
Vendor availability	○	○	○	○	○
Other	☐	☐	☐	☐	☐

If Other, please specify additional challenges:

[   ]

* 44. Has your organization received technical assistance to support the adoption or use of an EHR/EMR system (from any organization, agency or consultant besides your vendor)?

☐ Yes

☐ No

☐ Don't know

If Yes, from which organization?

[   ]

* 45. Are you interested in receiving technical assistance to support the adoption or use of an EHR/EMR system (from any organization, agency or consultant besides your vendor)?

◯ Yes

◯ No

◯ Maybe

◯ Don't know

If yes or maybe, please explain below what kind of technical assistance would be useful to your organization. If no, please explain why not.

PATIENT ACCESS TO HEALTH INFORMATION

46. Does your organization provide patients with *after clinical summaries (after visit summaries)* at the end of each office visit?

◯ Usually, 75-100% of all encounters

◯ Often, 50-74% of all encounters

◯ Sometimes, 25-49% of all encounters

◯ Rarely, 1-24% of all encounters

◯ No, we do not provide clinical summaries

◯ Don't know

Comment

47. If your organization <u>doesnot</u> provide after clinical summaries (after visit summaries) at the end of each visit, do you provide patients with electronic access to their health information (including lab results and medication lists) within 5 business days of the patient visit?

◯ Usually, 75-100% of patients have electronic access within 5 days

◯ Often, 50-74% of patients have access within 5 days

◯ Sometimes, 25-49% of patients have access within 5 days

◯ Rarely, 1-24% of patients have access within 5 days

◯ No, we do not provide patients with electronic access to health information

◯ Don't know

Comment

[   ]

48. Does your organization provide patients with electronic access to view and track their health information (including test results and medication lists) on request within 3 business days through any of the following?

	Usually (75-100%)	Often (50-74%)	Sometimes (25-49%)	Rarely (1-24%)	NA	Don't know
Personal Health Record (PHR) accessible through a patient portal via the internet	◯	◯	◯	◯	◯	◯
Secure email for communication of health information between providers and patients	☐	☐	☐	☐	☐	☐
Place information on a flash drive, USB drive, or CD	◯	◯	◯	◯	◯	◯
Other	☐	☐	☐	☐	☐	☐

If Other, please specify:

[   ]

49. Does your organization offer any of the following online services?

	Yes, our organization offers these services	No, our organization does not have this service	Don't know
Online appointment scheduling (patients use the internet to contact the clinic for an appointment)	○	○	○
Online bill payment	☐	☐	☐
E-visits (scheduled time for provider-patient interaction via electronic medium such as email or internet)	○	○	○
Electronic visit reminders	☐	☐	☐
Blogs or on-line support groups	○	○	○
Other	☐	☐	☐

If other, please specify:

[   ]

50. If your organization <u>doesnot</u> offer an online personal health record (PHR) for patients to view and track health activities, would you be interested in offering this option to your patients?

☐ Yes

☐ No

☐ Don't know

If yes, please indicate what assistance/resources your clinic/practice would need in order to offer this service:

[   ]

PATIENT SPECIFIC INFORMATION: ADVANCED DIRECTIVES

51. How does your organization track patient's advanced directives?

○ Electronically accessible--stored in readily accessible/consistent part of the EHR/EMR

○ Advanced directives and patient's preferences are incorporated into the EHR/EMR, but are not kept in a consistent and separate place--more likely to be stored as a progress note or with other documents

○ Paper documents

○ N/A

○ Other (please specify)

[ ]

TEAM-BASED CARE

This part of the survey asks questions about your organization's utilization of a team-based care approach, what successes you have had, and what barriers you may have encountered in the implementation process.

TEAM-BASED CARE (TBC)
Established by adding new staff or changing the roles of existing staff to collaborate with a primary care provider. Each team includes the patient, the patient's primary care provider, and other non-physician professionals such as nurses, pharmacists, dietitians, social workers, patient navigators, and/or community health workers, and a care coordinator/case manager. Team members provide process support and share responsibilities for (hypertension or diabetes) care to complement the activities of the primary care provider. These responsibilities include medication management, patient follow-up, adherence and self-management support.

POLICY OR SYSTEM
Includes laws, regulations, procedures, protocols, quality improvement processes, structures, arrangements, administrative actions, incentives, or voluntary practices of governments and other institutions to encourage a multi-disciplinary team approach to blood pressure control.

ENCOURAGE
Promote through sharing of promising practices, recognition efforts, establishing partnerships and teams, providing technical assistance or other ways to support a multi-disciplinary team approach to blood

pressure control.

(* Indicates a required question.)

* 52. Does your organization currently use a team-based care approach for: chronic disease management or general medical services delivery? (Please check all that apply.)

☐ Yes, our organization currently uses a team-based care approach <u>forallmedicalservicesdelivery</u>

☐ Yes, our organization currently uses a team-based care approach <u>forchronicdiseasemanagement</u>

☐ Yes, our organization currently uses a team-based care approach for <u>patientswithbloodpressurecontrolissues</u>

☐ Yes, our organization currently uses a team-based care approach for <u>patientswithdiabetesorthoseatriskfordiabetes</u>

☐ No, our organization <u>doesnot</u> currently use a team-based care approach for any services

☐ Don't know

Comment

[   ]

* 53. Please check the following members represented on your organizations's team-based care model. (Please check all that apply.)

	For diabetes	For high blood pressure
Physician	☐	☐
Nurse Practitioner (Advanced Practice Nurse) or Physician's Assistant	☐	☐
Registered Nurse (RN)	☐	☐
Dietician/Nutritionist	☐	☐
Care Case Manager (e.g., MSW or other patient navigator)	☐	☐
Pharmacist (or Pharmacy Tech)	☐	☐
Community Health Worker/Promotores	☐	☐
Administrator	☐	☐
Don't Know	☐	☐

Other (please specify)

[   ]

TEAM-BASED CARE

(* Indicates a required question.)

* 54. Does your organization have a policy or system to encourage a<u>team-basedcare</u> <u>(TBC)approach?</u>

	For diabetes	For high blood pressure
Yes our clinic has a policy or system to encourage a team-based care approach	☐	☐
No, but our clinic is in the process of establishing a policy or system to encourage a team-based care approach	☐	☐
No, and we currently have no plans to implement such a policy or system	☐	☐
Don't know if our clinic is in the process of establishing a policy or system to encourage a team-based care approach	☐	☐

If yes for diabetes or hypertension, please describe the policy or system and what year is was implemented or when it will be implemented:

55. What would your organization need to initiate or expand use of a team-based care model?

* 56. What barriers (if any) has your organization encountered with the implementation of a policy or system to encourage a team-based care approach for chronic disease management, i.e., high blood pressure control or diabetes self-management?

* 57. Are you interested in receiving technical assistance to implement or expand a policy or system to encourage a team-based care approach to chronic disease management?

◯ Yes

◯ No

◯ Maybe

◯ Don't know

If yes or maybe, please describe what kind of technical assistance might be useful for your organization. If no, please explain why not:

SELF-MANAGEMENT & MONITORING OF CHRONIC DISEASE

This part of the survey asks questions about your organization's utilization and encouragement of patient self-management, what successes you have had, and what barriers you may have encountered in the implementation process.

PATIENT SELF-MANAGEMENT
The systematic provision of education and supportive interventions by staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems,

goal setting (e.g., regular measurement of blood pressure by the patient outside the clinical setting, either at home or elsewhere, and problem-solving support).

Types of additional support include educational materials, web resources, telephone monitoring with electronic transmission of health data, nurse or pharmacist visits, calendar pill packs and/or compliance contracts, and behavioral management and/or medication management.

SELF-MANAGEMENT PLAN
Documentation or notation in a patient's medical record or client file by a health practitioner, non-physician team member or community health extender, confirming that the patient has developed a self-management plan. The plan may include goals related to any of the following: medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious foods and beverages, increased physical activity, maintaining medical appointments etc.

(* Indicates a required question.)

* 58. Does your organization have a policy or system to encourage<u>patient-self management</u> of diabetes or high blood pressure?

	For diabetes	For hypertension
Yes our clinic has a policy or system to encourage patient-self management:	☐	☐
No, but our clinic is in the process of establishing a policy or system to encourage patient-self management:	☐	☐
No, we currently have no plans to implement such a policy or system:	☐	☐
Don't know if our clinic is in the process of establishing a policy or system to encourage patient-self management for:	☐	☐

Please describe the policy or system and indicate the year it was implemented or when it will be implemented. If No, please explain why not.

* 59. What barriers (if any) has your organization encountered with the implementation of a policy or system to encourage patient self-management of chronic disease, i.e., hypertension or diabetes?

* 60. If your organization has or is in the process of establishing a policy or system to encourage patient-self management of hypertension, do your patients with high blood pressure have a <u>documentedself-management plan</u> in place to manage their high blood pressure?

○ Yes

○ No

○ Don't know

Comment

[   ]

* 61. If your patients have a documented self-management plan, do primary care providers or non-provider teams follow-up with patients about this documented self-management plan?

☐ Yes, primary care providers follow-up

☐ Yes, non-provider teams follow-up

☐ No

☐ Don't know

☐ N/A

☐ Other (please specify)

[   ]

* 62. Does your organization utilize any of the following resources/strategies to support self-management and monitoring of blood pressure among your patients? (Please check all that apply.)

☐ The American Heart Association's *Check. Change. Control*. Blood Pressure Program: http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/HighBloodPressure/ ToolsResources/ Check-Change-Control-Blood-Pressure-Program_UCM_449318_Article.jsp

☐ The *Million Hearts Initiative*: http://millionhearts.hhs.gov/index.html

☐ The American Medical Group Foundation's *Measure Up/Pressure Down* Program: http://www.measureuppressuredown.com/

☐ No

☐ Don't Know

☐ Other (please specify)

[   ]

* 63. Are you interested in receiving technical assistance to move towards implementing a policy or system to encourage patient-self management of high blood pressure?

⭕ Yes

⭕ No

⭕ Maybe

⭕ Don't know

If Yes or Maybe, please explain what kind of technical assistance would be useful. If No, please explain why not.

[   ]

NATIONAL DIABETES PREVENTION PROGRAM & DIABETES SELF-MANAGEMENT EDUCATION

The CDC **National Diabetes Prevention Program (NDPP)** is a voluntary year-long program that is an evidence-based lifestyle change intervention for people with pre-diabetes or at risk for type 2 diabetes; focused on eating healthier, physical activity, and improving problem-solving and coping skills.

Diabetes Self-Management Education (DSME) is a critical element of care for all people with diabetes. DSME trainings facilitate the knowledge, skill, and ability necessary for life-long diabetes self- care. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision- making, self-care behaviors, problem-solving and active collaboration with the health care team.

Utilizing the NDPP and DSME in healthcare and community settings can help improve clinical outcomes, health status, and quality of life for individuals and the community as a whole.

(* Indicates a required question.)

64. Please provide an estimate of the number of UNIQUE (non-duplicated) ADULT patients/clients (18+ years old) <u>diagnosed</u> with diabetes that your organization served from January 1 - December 31, 2015?

[   ]

65. Does your organization currently have a DSME program?

◯ Yes

◯ No

◯ Don't know

If yes, how many adult participants (18+) did your DSME program serve in 2015?

[   ]

* 66. Does your organization have a policy or practice to:

	Yes	No	Don't Know	N/A
Refer persons with pre-diabetes or at high risk for type 2 diabetes to a lifestyle intervention program	◯	◯	◯	◯
Refer persons to any other prevention or intervention program	◯	◯	◯	◯

Please specify the name of the program(s):

[   ]

67. Is your organization interested in partnering in a county-wide collaboration on the following components of the National Diabetes Prevention Program (NDPP): (Please check all that apply.)

☐ Becoming a certified NDPP program site

☐ Utilizing lifestyle change coaches available from existing diabetes education programs

☐ Developing a referral process - within the local health care system (for patients in need of NDPP services)

☐ Developing a reimbursement/insurance coverage options (e.g., MediCal, private insurance) for NDPP services

☐ Developing marketing/communication for NDPP information sharing

Comment

[   ]

COMMUNITY HEALTH WORKERS (CHWs)

This part of the survey asks questions about your clinic system's utilization of CHWs, what successes you have had, and what barriers you may have encountered in the implementation process.

COMMUNITY HEALTH WORKERS (CHWs) are trusted frontline public health workers who share key elements of life experience with the people they serve. Serving in a non-physician role, CHWs provide a bridge between communities and the healthcare system, by facilitating access to services and improving the quality and cultural competence of service delivery. They build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, coaching for self-management of chronic diseases, and advocacy.

(*indicates a required question)

* 68. What term(s) does your organization use to refer to Community Health Workers (CHWs)? (Please check all that apply.)

☐ Case Manager	☐ Health Coach
☐ Certified Community Health Worker	☐ Helper/Supporter
☐ Community Care Coordinator	☐ Home Visitor/Support Worker
☐ Community Health Advisor	☐ Lactation Consultant/Specialist
☐ Community Health Advocate	☐ Lay Health Advisor
☐ Community Health Aide	☐ Outreach Specialist
☐ Community Health Educator	☐ Outreach Worker
☐ Community Health Information Specialist	☐ Patient Advocate
☐ Community Health Worker	☐ Patient Navigator
☐ Community Outreach Worker	☐ Peer Leader
☐ Community Worker	☐ Peer/Teen Educator
☐ Health Advocate	☐ Promotor(a) de Salud (health promoter)

☐ Other (please specify)

[ ]

* 69. Does your organization currently utilize CHWs/Promotores?

◯ Yes

◯ No

◯ Don't know

◯ Other (please specify)

[   ]

COMMUNITY HEALTH WORKERS (CHWs)

(* indicates a required question.)

* 70. In what way does your organization work with CHWs:

	Yes	No	Don't Know
Our organization directly manages/employs CHWs	◯	◯	◯
Our organization utilizes CHWs through a subcontractor or external agency	☐	☐	☐
Other	◯	◯	◯

If you subcontract, please identify the agency.

[   ]

* 71. Please provide the total number of Full Time Equivalent (FTE) CHWs utilized by your organization:

[   ]

* 72. Please identify if the CHWs in your organization are paid or volunteer:

☐ The CHWs in our organization are <u>paidasalary</u> for their services

☐ The CHWs in our organization are <u>paidstipends</u> for their services

☐ The CHWs in our organization are <u>volunteers</u>

☐ Don't know

Please specify the salary or stipend pay range:

[   ]

* 73. Does your organization utilize CHW's in the delivery of:

	Yes	No	Don't Know
Education/services as a part of a Diabetes Self-Management Education (DSME) program	○	○	○
Other evidence-based chronic disease self-management education programs other than diabetes	○	○	○

If other, please list the programs:

[   ]

* 74. Please identify if the CHWs in your organization's are formally and/or informally trained:

☐ The CHWs in our organization are <u>onlyformally</u> trained or gained their knowledge and skills through some type of organized program

☐ The CHWs in our organization are <u>onlyinformally</u> trained or gained their knowledge and skills through personal experience

☐ The CHWs in our organization are <u>bothformallyandinformally</u> trained, with personal experience and some type of organized program

☐ Don't know

If formally trained, please specify the training or certifications:

[   ]

* 75. What type of training is available for your organization's current CHWs?

☐ Level 1 Associate Diabetes Educators (ADEs)

☐ On-the-job training (through your organization)

☐ Don't know

○ Other (please specify)

[   ] 40

76. Please check the option that best describes the highest level of schooling for each of your organization's CHWs:

	1st CHW	2nd CHW	3rd CHW	4th CHW	5th CHW
No schooling completed	○	○	○	○	○
Elementary school (Grades 1 5)	○	○	○	○	○
Middle school (Grades 6 8)	○	○	○	○	○
High school (Grades 9 12) No Diploma	○	○	○	○	○
High school diploma or GED	○	○	○	○	○
Trade school / certificate	○	○	○	○	○
Some college credit - No Diploma	○	○	○	○	○
Associate's degree (for example: AA, AS)	○	○	○	○	○
Bachelor's degree (for example: BA, BS)	○	○	○	○	○
Master's degree (for example: MA, MS, MSW)	☐	☐	☐	☐	☐
Professional degree (for example: doctor, dentist, lawyer)	○	○	○	○	○
Doctorate degree (for example: PhD, EdD)	○	○	○	○	○
Choose not to answer	○	○	○	○	○

Comment:

[   ]

77. If your organization CHWs work at other (non-clinic) locations, please indicate where. (Please check all that apply.)

- [ ] Beauty/Barber Shops
- [ ] Client's Homes
- [ ] Clients' Work Sites
- [ ] Community Health Clinics
- [ ] Community-Based Organizations
- [ ] Faith-based Organzations
- [ ] Homeless Shelters
- [ ] Hospitals
- [ ] Migrant Camps
- [ ] On the Street
- [ ] Primary Care Practices
- [ ] Public Housing Units
- [ ] Schools
- [ ] Teen Centers
- [ ] Other (please specify)

[   ]

* 78. What types of activities/services are currently provided by your organization's CHWs? (Please check all that apply.)

- [ ] Accompany patients to doctor visits
- [ ] Assistance with appointments
- [ ] Behavioral health services
- [ ] Case management
- [ ] Chronic disease management
- [ ] Consult on family planning or pre/post-natal care
- [ ] Coordinate needed services for complex and costly patients
- [ ] Delivery of DSME education/services
- [ ] Facilitate exercise or nutritional programs aimed at better self-care
- [ ] Follow up calls
- [ ] General clinic support services

- [ ] Health education

- [ ] Health screenings

- [ ] Language interpretation to address communication barriers during medical visits

- [ ] Liaison for referral from health systems/health care providers

- [ ] Link to behavioral health services

- [ ] Link to medical services

- [ ] Link to social services

- [ ] Offer unique patient-centered perspectives in care provision

- [ ] Outreach to patients for self-management education programs

- [ ] Outreach to bring participants into DSME program

- [ ] Patient advocacy

- [ ] Program delivery (individual/group counseling/CHW led or supported adhering to guidance in Standard 5, National Standards for Diabetes Self-Management Education and Support)

- [ ] Provide critical linkages to patients through home visits

- [ ] Provide referral services

- [ ] Serve as a bridge for connecting communities to providers

- [ ] Support for patients/program participants (linking to needed community/social resources)

- [ ] Transportation

- [ ] Visit crop fields to educate migrant farmers on health promotion and disease prevention

- [ ] Visit isolated elders to conduct health assessments and referrals

- [ ] Other (please specify)

79. Has your organization received reimbursement for CHWs services?

◯ Yes, usually 75-100%

◯ Yes, often 50-74%

◯ Yes, sometimes 25-49%

◯ Yes, rarely 1-24%

◯ Never

◯ Don't know

If so, from what sources?

[ ]

80. What strategies has your organization used to create sustainable funding for CHWs?

[ ]

COMMUNITY HEALTH WORKERS & DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS

(* Indicates a required question.)

81. If additional funding was available to reimburse your organization for CHW delivered services, would you add or expand the use of CHWs?

◯ Yes

◯ No

◯ Maybe

◯ Don't know

If no, why?

[   ]

82. What are the most important high value contributions that CHWs make for improving patient health outcomes?

[   ]

83. If a standardized and locally relevant CHW training program was available, would your organization consider requiring your CHWs to attend and become certified?

◯ Yes, we would encourage our CHWs to attend and become certified

◯ Yes, we would require our CHWs to attend and become certified

◯ No, we would not encourage or require our CHWs to become certified

◯ Maybe we would consider requiring our CHWs to become certified

◯ Don't know

If "maybe" or "don't know", please specify what factors would influence whether you would encourage or require such training.

[   ]

84. Would your organization be interested in participating in the development of a standardized and locally relevant CHW training program for services needed by your communities (e.g., chronic disease self-management training)?

⭕ Yes

⭕ No

⭕ Maybe

⭕ Don't know

Comment

[   ]

* 85. Do you have a strategic plan to increase the capacity of CHWs as part of the DSME program?

⭕ Yes

⭕ No

⭕ Don't Know

If yes, please explain how. If no, please explain why not.

[   ]

* 86. What barriers (if any) has your organization encountered (currently or in the past) implementing the use of CHWs in any capacity, but especially for Diabetes Self-Management Education (DSME) programs in the delivery of education/services (for both intervention and prevention efforts)?

[   ]

* 87. Are you interested in receiving technical assistance to increase the capacity of CHWs:

	Yes	No	Don't Know	Maybe
As part of the DSME program	○	○	○	○
To deliver evidence-based chronic disease self-management education programs other than diabetes	○	○	○	○

If yes, please explain what type of technical assistance would be useful. If no, please explain why not. If maybe, please explain what kind of technical assistance would be useful to you.

[   ]

FINAL THOUGHTS: IMPROVING HEALTH & WELLNESS IN MONTEREY COUNTY

88. Please provide the names of representatives from your organization who could serve as Key Informant Interviewees for follow up questions in each of the following areas:

Team Based Care

[   ]

Community Health Workers (CHWs)/Promotores

[   ]

Electronic Health Records (EHR/EMRs)

[   ]

Diabetes Self-Management Education (DSME)/National Diabetes Prevention Program (NDPP)

[   ]

89. Please identify potential <u>non-medical</u> community partners that might be interested in developing diabetes prevention education services.

90. Please indicate what you think are the biggest challenges or barriers to improving the health care system in Monterey County.

91. Please provide us with your ideas, innovations, best practices, etc. that could improve the health care system and supports for Monterey County residents who are at risk for or diagnosed with diabetes or high blood pressure.

92. Please provide any additional comments.

Please scroll down and click "DONE" to complete and submit your organization's survey.

Thank you!!! This crucial information will help shape the next phase of this project and contribute
to improvements in the quality of care services and ultimately, the overall health of Monterey County residents.

We recognize that your time is valuable and we appreciate your participation!

Organization's Status or Type

ORGANIZATION NAME	STATUS OR TYPE
Big Sur Health Center	-Community (Nonprofit) Health Center (CHC)
Casa de Cultura	-Community (Nonprofit) Health Center (CHC) -Faith-based Health Center -Free Clinic
Clinica de Salud del Valle de Salinas	-Federally Qualified Health Center (FQHC)
Community Hospital of the Monterey Peninsula	-Hospital without Primary Care Services
Cypress Coast Cardiac Surgeons, Inc.	-Independent Physician Association (IPA) -Private Physician Medical Group
Doctors on Duty Medical Clinics	-Private (Independent) Physician Practice
Edmonds and Lee Healthcare Practice	-Private (Independent) Physician Practice
George L. Mee Memorial Hospital and Clinics	-Rural Health Center/Clinic (RHC)
Gregory S. Tapson, M.D.	-Private (Independent) Physician Practice
Monterey Bay Center for Integrated Health	-Patient Centered Medical Home (PCMH) - *Primary Continuum of Care focused on wellness and chronic care management*
Monterey County Health Department Clinics	-FQHC Look-alike Clinic -Managed Care/HMO Provider -Patient Centered Medical Home (PCMH) - *Level 3 NCQA*
Monterey Spine & Joint	
Natividad Medical Center	-Hospital System with Primary Care Services
Pacific Family Medical Group	-Private Physician Medical Group
Pediatric & Adolescent Medical Associates of the Pacific Coast, Inc.	-Private Physician Medical Group
Pinnacle HealthCare	-Private Physician Medical Group
Planned Parenthood Mar Monte	-Community (Nonprofit) Health Center (CHC)
Rota Care	-Free Clinic
Salinas Valley Medical Clinic PrimeCare	-Patient Centered Medical Home (PCMH) - *Level 3 Recognized Practice*
Salinas Valley Memorial Healthcare System	-Hospital System with Primary Care Services -Patient Centered Medical Home (PCMH) – *SVMC-Primecare Level 3* -Rural Health Center/Clinic (RHC)
Salud Para La Gente	-Federally Qualified Health Center (FQHC) -Patient Centered Medical Home (PCMH) – *3*
Soledad Medical Clinic	-Rural Health Center/Clinic (RHC)
Susan M Kubica, MD	-Private (Independent) Physician Practice
Taylor Farms Family Health & Wellness Center (formerly Gonzales Medical Clinic)	-Hospital System with Primary Care Services -Private (Independent) Physician Practice -Rural Health Center/Clinic (RHC) -Other - *Hospital w/ PC services as of 10/1/15*

Environmental Scan
ALL HEALTHCARE ORGANIZATIONS BASIC

We are assessing the healthcare systems in our county. Would you mind answering a few questions about how your services are organized? This survey will take about 2 minutes.

Name of the healthcare organization and contact information:

_____

_____

_____

_____

Please mark which best describe the organization you represent (may check more than one if applicable):

a) __ Federally Qualified Health Center (FQHC)
b) __ Rural Health Center (RHC)
c) __ County Health Center
d) __ Medical Group
e) __ Health Insurance Plan (HMO, PPO)
f) __ Accountable Care Organization (ACO)
g) __ Independent Physician Association (IPA)
h) __ Indian Health Service or Tribal Clinic
i) __ Hospital system with large primary care systems
j) __ Health Center Controlled Network (HCCN)
k) __ Private Practice Clinic
l) __ Faith-based Health Center
m) __ Long-term Care Facility
n) __ Pharmacy
o) __ State or local government responsible for providing clinical care
p) __ Other clinical group operating within the state
q) __ Other _____

1. Do you currently use an Electronic Health Record System at your organization?
   ___ yes   ___ no   ___ don't know __ does not apply

    a. If yes: Is this system certified by the Office of the National Coordinator for Health Information Technology? __ yes __ no __ don't know

2. Do you participate or collaborate with a Health Information Exchange organization?
___ yes ___ no ___ don't know __ does not apply

3. Does your organization currently have a policy or system in place to encourage patient self-management of high blood pressure?
___ yes ___ no ___ don't know __ does not apply

4. Does your organization currently have a policy or system in place to encourage patient self-management of diabetes?
___ yes ___ no ___ don't know __ does not apply

5. Does your organization currently use a team-based care approach to blood pressure control? (For example by including physicians, RNs, Pharmacists, dieticians, etc.)?
___ yes ___ no ___ don't know __ does not apply

6. Does your organization currently use a team-based care approach to diabetes management? (For example by including physicians, RNs, Pharmacists, dieticians, etc.)?
___ yes ___ no ___ don't know __ does not apply

7. Does your organization currently utilize or work with Community Health Workers?
___ yes ___ no ___ don't know __ does not apply

8. Does your organization have a policy or practice to refer persons with pre-diabetes or at high risk for type 2 diabetes to a lifestyle intervention program?
___ yes ___ no ___ don't know __ does not apply

    a. If yes, what is the name of the program(s)?

_____
_____

9. Does your organization have a policy or practice to refer persons to any other prevention or intervention program?
___ yes ___ no ___ don't know ___ does not apply

    a. If yes, which program(s)?

_____
_____
_____

Thank you for your time!

Environmental Scan

HEALTHCARE ORGANIZATIONS: ELECTRONIC HEALTH RECORDS (EHR)

You are receiving this survey because you are a Health Care Delivery Organization in *(county name)* County. The County supports the use of Electronic Health Records (EHRs), and this survey helps us assess to what degree health care delivery organizations are using EHRs, what successes they have had, and what barriers they may have encountered in the adoption process. We appreciate your participation in this assessment.

1. Please provide the name of your organization:

   _____

2. What is your position at your health care organization?

   _____

3. What is your contact information?
   a) Phone: _____
   b) E-mail: _____

4. Please mark which best describe the organization you represent (may check more than one if applicable):
   a) __ Federally Qualified Health Center (FQHC)
   b) __ Rural Health Center (RHC)
   c) __ County Health Center

   d) __ Medical Group

   e) __ Health Insurance Plan (HMO, PPO)

   f) __ Accountable Care Organization (ACO)
   g) __ Independent Physician Association (IPA)
   h) __ Indian Health Service or Tribal Clinic
   i) __ Hospital system with large primary care systems
   j) __ Health Center Controlled Network (HCCN)

   k) __ Private Practice Clinic

   l) __ Faith-based Health Center

   m) __ Long-term Care Facility

   n) __ Pharmacy

o) __ State or local government responsible for providing clinical care

p) __ Other clinical group operating within the state

q) __ Other _____

5. Approximately how many adult patients (18+) is your organization currently serving?
     i. _____

6. Is your organization recognized as a patient-centered medical home?
     i.   __ Yes, level 1 recognition
    ii.   __ Yes, level 2 recognition
   iii.   __ Yes, level 3 recognition
    iv.   __ No
     v.   __ Don't know
    vi.   __ Not applicable

Electronic Health Records

7. Do you currently use an Electronic Health Record system at your organization?
     a. __ Yes
           i. Name of system: _____
          ii. In which year did you go live with this EHR (if known)? _____
         iii. Rate your satisfaction on a scale from 1-5 (1=not satisfied, 5=very satisfied)

                          1   2   3   4   5
     b. __ No, but we are in the process of adopting an EHR system
           i. When will the system go live? (month/year)_____

     c. __ No, and we currently have no plans to adopt an EHR system

8. If yes to question 7, is your EHR certified by the Office of the National Coordinator for Health Information Technology (ONC) for the EHR Meaningful Use incentive program?
     a. ___ Yes
     b. ___ No
     c. ___ Don't know

9. If yes to question 7, is your organization participating in the EHR Meaningful Use incentive program?

i.   Yes, we are in the Adopt, Implement, Upgrade (AIU) phase for our first year in 2015
ii.   Yes, we are working toward Stage 1 in 2015
iii. Yes, we are working toward Stage 2 in 2015
iv.   No, we are not in the Meaningful Use program at this time
    i. Please explain why you are not in the Meaningful Use program at this time:

    _____
    _____
    _____

v.   Don't know

10. If yes to question 7 – Do you conduct electronic reporting of clinical quality measures (e.g. reporting to CMS) via your EHR or a reporting tool that receives data from your EHR?
    a. __ Yes
        i. If yes, which organizations do you report measures to?

        _____

    b. __ No (skip to question 13)

    c. __ Don't know (skip to question 13)

11. Do you report on the following hypertension clinical quality measure (also known as National Quality Forum measure 18) - The percentage of patients 18 to 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 .
    i.   __ Yes
    ii. __ No
        i. If no, do you have the capability to track this measure internally?
            __Yes __No   __Don't know

        ii. Do you track this measure internally?
            __Yes __No   __Don't know

12. Do you report on the following diabetes clinical quality measure (also known as National Quality Forum measure NQF 59) - The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.

    i.   __ Yes
    ii. __ No

i. If no, do you have the capability to track this measure internally?
__Yes   __No   __Don't know

ii. Do you track this measure internally?
__Yes   __No   __Don't know

13. Do health care providers in your organization exchange patient health information electronically with other health care providers outside your organization?
    i.   __ Yes
    ii.   __ No

14. Do you participate or collaborate with a Health Information Exchange (HIE) organization?
    i.   __ Yes
    ii.   __ No

15. What barriers (if any) have you encountered in the past or are you encountering currently with the adoption or use of an EHR system?
    a) __ Justifying the expense
    b) __ Lack of training for staff
    c) __ Difficulty in changing workflow patterns
    d) __ The technology is not user friendly
    e) __ Disagreements about the usefulness of the system
    f) __ Other _____
    g) __ We have not encountered any barriers

16. Have you received technical assistance to support the adoption or use of an EHR system from any organization besides your vendor?
    i.   __ Yes
                a) If yes, from which organization? _____
    ii.   __ No

17. Are you interested in receiving technical assistance to support the adoption or use of an EHR system?

    i.   __Yes
            i. If yes, please explain what kind of technical assistance would be useful to you:
            _____
            _____
            _____

ii.   __ No
  i.   If no, please explain why not:

  _____
  _____
  _____

iii.   __ Maybe
  i.   Please explain what kind of technical assistance might be useful to you:

  _____
  _____
  _____

Environmental Scan
HEALTHCARE ORGANIZATIONS: TEAM-BASED CARE

Definitions

Team-based care – (also referred to as coordinated care or integrated care) established by adding new staff or changing the roles of existing staff to work with a primary care provider. Each team includes the patient, the patient's primary care provider, and other non-physician professionals such as nurses, pharmacists, dietitians, social workers, patient navigators, and/or community health workers. Team members provide process support such as team huddles and share responsibilities of hypertension care to complement the activities of the primary care provider. These responsibilities include medication management, patient follow-up, and adherence and self-management support).

Policy or system - includes laws, regulations, procedures, protocols, quality improvement processes, structures, arrangements, administrative actions, incentives, or voluntary practices of governments and other institutions to encourage a multi-disciplinary team approach to blood pressure control.

Encourage – promote through sharing of promising practices, recognition efforts, establishing partnerships and teams, providing technical assistance, or other ways to support a multi-disciplinary team approach to blood pressure control.

1. Does your organization currently use a **team-based care** approach to blood pressure control?
   a.   __ Yes
     i.   Check the following members represented on the team:

       __ Physician

     __ RN

     __ Nurse Practitioner or Physician's Assistant

     __ Pharmacist

     __ Dietician

     __ Community Health Worker

     __ Care Manager

     __ Administrators

     __ Other (specify): _____

  b. __ No (skip to 3)
  c. __ Don't Know (skip to 3)

2. If yes to Question 1, is there a policy, system, or procedure to encourage a team-based care approach to blood pressure control?
  a. __ Yes
    i. If yes, please describe the policy, system or procedure:

     _____
     _____
     _____

    ii. If yes, which year was the policy, system or procedure implemented (if known): ____

  b. __ No, but we are in the process of establishing a policy, system or procedure to encourage a team-based approach to blood pressure control
    i. Please describe the policy or system:

     _____
     _____
     _____

    ii. When will the policy, system or procedure be implemented? (mm/yyyy) _____

  c. __ No, and we have no plan to implement such a policy, system or procedure
    i. Please explain why not:

     _____
     _____
     _____

d. __ Don't know

3. What barriers (if any) have you encountered in the past or are you encountering currently with the implementation of a policy, system or procedure to encourage a team-based care approach to blood pressure control?

_____

_____

_____

4. Are you interested in receiving technical assistance to move towards implementing a policy, system or procedure to encourage a team-based care approach to blood pressure control?
   a. __ Yes
      i. If yes, please explain what kind of technical assistance would be useful to you:

      _____

      _____

      _____

   b. __ No
      i. If no, please explain why not:

      _____

      _____

      _____

   c. __ Maybe
      i. Please explain what kind of technical assistance might be useful to you:

      _____

      _____

      _____

Environmental Scan

HEALTHCARE ORGANIZATIONS: CHW-1305

Community Health Workers – *CHWs are trusted individuals who share key elements of life experience with the people they serve. Serving in a non-physician role, CHWs provide a bridge between communities and the healthcare system, provide culturally appropriate health education and information, offer social support, informal counseling and coaching for self-management of chronic diseases, and connect people with the services they need.*

- *may also be referred to as (1) Promotor(a) de Salud (health promoter), (2) community care coordinator, (3) community health information specialist, (4) community health worker hotline, (5) lay health advisor, (6) community health advocate/educator, and (7) community outreach worker.*

Survey DSME programs

1. Does your organization's DSME program currently use CHWs in the delivery of education/services?
   - i. __ Yes
   - ii. __ No (skip to question 12)
   - iii. __ Don't know (skip to question 12)

2. Does your organization work directly with CHWs or through a subcontractor or external agency? Please specify the agency:
   - i. __ Directly with CHWs
   - ii. __ Through a subcontractor/external agency

   _____

3. What term(s) does your organization use to refer to Community Health Workers? (mark all that apply)
   - i. __ Community Health Worker
   - ii. __ Promotor(a) de Salud (health promoter)
   - iii. __ Community Care Coordinator
   - iv. __ Community Health Information Specialist
   - v. __ Community Health Worker Hotline
   - vi. __ Lay Health Advisor
   - vii. __ Community Health Advocate/Educator
   - viii. __ Community Outreach Worker
   - ix. __ Other (specify): _____

4. How many CHWs are on staff? _____

5. Are the CHWs paid or volunteer employees?
   - i. __ Paid, salary (specify pay range): _____
   - ii. __ Paid, stipend (specify pay range): _____
   - iii. __ Volunteer

6. Are the CHWs informally trained/personal experience or formally trained?
   - i. __ Informally trained/personal experience

  ii. __ Formally trained (specify type of formal training):

     _____

     _____

     _____

  iii. __ Both informally and formally trained CHWs are on staff (please specify type
     of formal training):

     _____

     _____

     _____

7. What type of training is available to the CHWs on staff?
  i. __ Level 1 Associate Diabetes Educators (ADEs)
  ii. __ On the job training
  iii. __ Other (specify): _____

8. Select the following responsibilities performed by the CHWs for the DSME program:
  i. __ Program delivery (individual/group counseling/CHW led or supported
     adhering to guidance in Standard 5, National Standards for Diabetes Self-
     Management Education and Support)
  ii. __ Outreach to bring participants into DSME program
  iii. __ Liaison for referral from health systems/health care providers to DSME
     program (access to patient EHRs to do follow ups; patient reminders)
  iv. __ Support for program participants (linkage to needed community and social
     resources)

9. What barriers (if any) have you encountered in the past or are you encountering currently
in regard to the implementation of CHWs as part of the DSME program?

  _____

  _____

  _____

10. Does your organization use CHWs in the delivery of other evidence-based chronic
disease self-management education programs other than diabetes?
  i. __ Yes (please list the programs):

     _____

     _____

     _____

  ii. __ No (Skip to Question 12)

iii.   __ Don't know (Skip to Question 12)

11. If yes to Question 10, are you interested in receiving technical assistance to increase the capacity of CHWs to deliver evidence-based chronic disease self-management education programs other than diabetes?
    i.   __ Yes (please describe your need for TA):

    _____
    _____
    _____

    ii.   __ No
    iii.   __ Don't know

12. Do you have a strategic plan to increase the capacity of CHWs as part of the DSME program?
    i.   __ Yes (please explain how):

    _____
    _____
    _____
    _____

    ii.   __ No (please explain why not):

    _____
    _____
    _____
    _____

13. Are you interested in receiving technical assistance to increase the capacity of CHWs as part of the DSME program?
    i.   __ Yes

        If yes, please explain what kind of technical assistance would be useful to you:

        _____
        _____
        _____

    ii.   __ No

        If no, please explain why not:

        _____
        _____
        _____

iii. ＿ Maybe

Please explain what kind of technical assistance would be useful to you:

_____

_____

_____

Environmental Scan
DSME PROGRAMS: COMMUNITY HEALTH WORKERS (CHWs)

You are receiving this survey because your organization has a recognized/accredited DSME program in *(county name)* County. The County Public Health Department supports the engagement of Community Health Workers (CHWs) to link patients to community services and resources, and this survey helps us assess to what degree DSME programs are using CHWs, what successes you have had, and what barriers you may have encountered in the implementation process. We appreciate your participation in this assessment.

1. Please provide the name of your health care organization:

   _____

2. What is your position at your health care organization?
   _____

3. What is your contact information?
   a) Phone: _____
   b) E-mail: _____

4. Please mark which best describe the organization you represent (may check more than one if applicable):
   a) ＿ Durable Medical Equipment
   b) ＿ Extended Care Facility
   c) ＿ Government Agency/Public Health
   d) ＿ Home Health Agency
   e) ＿ Hospital/Health Care System
   f) ＿ Managed Care/HMO Provider
   g) ＿ Pharmacy
   h) ＿ Physician Office or Group
   i) ＿ Religious Establishment
   j) ＿ Other (specify): _____

Definitions:

<u>*Community Health Workers*</u> *– CHWs are trusted individuals who share key elements of life experience with the people they serve. Serving in a non-physician role, CHWs provide a bridge between communities and the healthcare system, provide culturally appropriate health education and information, offer social support, informal counseling and coaching for self-management of chronic diseases, and connect people with the services they need.*

- *may also be referred to as (1) Promotor(a) de Salud (health promoter), (2) community care coordinator, (3) community health information specialist, (4) community health worker hotline, (5) lay health advisor, (6) community health advocate/educator, and (7) community outreach worker.*

<u>*Delivery of education/services*</u> *– Assisting DSME program staff with teaching and various tasks associated with improving patient health and access to participation in DSME programs, including but not limited to, language and cultural translation, scheduling appointments, and transportation for both intervention and prevention efforts.*

5. Does your organization's DSME program currently use CHWs in the delivery of education/services?
    a. __ Yes (please answer a.1.a through a.1.g)

    The following questions are specific to your organization's DSME program and CHWs:

    a.1.a) How many CHWs are on staff? _____

    a.1.b) Are the CHWs paid or volunteer employees?

    a) __ Paid

    b) __ Volunteer

    a.1.c) In which year did your organization's DSME program begin utilizing CHW's in the delivery of education/services? _____

    a.1.d) Are the CHWs informally trained/personal experience or formally trained?

    a) __ Informally trained/personal experience

    b) __ Formally trained

i. If yes, please specify what type of formal training or certifications the CHW's have received;

_____

    c)__ Both informally and formally trained CHWs are on staff

        i. If yes, please specify what type of formal training or certifications some the CHW's have received;

        _____

a.1.e) What type of training is available to the CHWs on staff?

    a) __ Level 1 Associate Diabetes Educators (ADEs)

    b) __ On the job training

    c) __ Other (specify): _____

a.1.f) Mark which activities the CHWs currently complete (check all that apply):

    a) __Program Delivery (individual/group counseling/CHW led or supported adhering to guidance in Standard 5, National Standards for Diabetes Self-Management Education and Support)

    b) __ Outreach to bring participants into DSME program

    c) __ Liaison for referral from health systems/ health care providers to DSME program (access to patient EHRs to do follow ups; patient reminders)

    d) __ Support for program participants (linkage to needed community and social resources

a.1.g) How many adult participants (18+) are you currently serving? _____

b) __ No, but we are in the process of implementing CHWs as part of the DSME program.

    1) When will this component be implemented? (mm/yyyy) _____

c) __ No, and we currently have no plans to implement CHWs as part of the DSME program.

6. What term(s) does your organization use to refer to Community Health Workers (mark all that apply)?
    a. __ Community Health Worker

b. __ Promotor(a) de Salud (health promoter)
c. __ Community Care Coordinator
d. __ Community Health Information Specialist
e. __ Community Health Worker Hotline
f. __ Lay Health Advisor
g. __ Community Health Advocate/Educator
h. __ Community Outreach Worker
i. __ Other (specify): _____

7. What barriers (if any) have you encountered in the past or are you encountering currently with the implementation of CHWs into DSME programs in the delivery of education/services for both intervention and prevention efforts?

   _____

   _____

   _____

8. Are you interested in receiving technical assistance to move towards implementing CHWs in your DSME program?
   a) __Yes

   Please explain what kind of technical assistance would be useful to you:

   _____

   _____

   _____

   b) __ No
   c) __ Maybe

Environmental Scan
HEALTHCARE ORGANIZATIONS: HIGH BLOOD PRESSURE SELF-MANAGEMENT

Encourage – *promote or support by offering or providing patient self-management services.*

Patient self-management – *The systematic provision of education and supportive interventions by staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, regular measurement of BP by the patient outside the clinical setting, either at home or elsewhere and problem-solving support.*

Self-measured blood pressure monitoring tied with clinical support: Types of additional support include educational materials, Web resources, telephone monitoring with electronic

transmission of blood pressure data, nurse or pharmacist visits, calendar pill packs and/or compliance contracts, and behavioral management and/or medication management.

<u>Self-Management Plan</u> – Documentation or notation by a health care provider, non-physician team member, or community health care extender in a patient's medical record or client file confirming that the patient has developed a self-management plan to manage their high blood pressure. The plan may include goals related to any of the following: medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious foods and beverages, increased physical activity, maintaining medical appointments etc.

1. Does your organization currently have a **<u>policy or system</u>** in place to **<u>encourage</u> <u>patient</u> <u>self-management</u>** of high blood pressure?
   a. __ Yes
      i. If yes, please describe the policy or system:
      _____
      _____
      _____
      ii. If yes, which year was the policy or system implemented (if known): ____

   b. __ No, but we are in the process of establishing a policy or system to encourage self-management of high blood pressure
      i. Please describe the policy or system:
      _____
      _____
      _____
      ii. When will the policy or system be implemented? (mm/yyyy) _____

   c. __ No, and we have no plan to implement such a policy or system
      i. Please explain why not:
      _____
      _____
      _____

   d. __ Don't know

2. If yes to Question 1, do patients with high blood pressure in your health care delivery organization have a **<u>documented self-management plan</u>** in place to manage their high blood pressure?
   a. __ Yes

> i. Do primary care providers or non-provider teams follow-up with patients about this documented self-management plan?
>> 1. __ Yes, primary care providers follow-up
>> 2. __ Yes, non-provider teams follow-up
>> 3. __ No
>> 4. __ Don't know
>
> b. __ No
> c. __ Don't know

3. What barriers (if any) have you encountered in the past or are you encountering currently with the implementation of a policy or system to encourage self-management of high blood pressure?

   _____

   _____

   _____

4. Does your health care delivery organization utilize any of the following resources/strategies to support self-management and monitoring of blood pressure among your patients? (Check all that apply)

   a. __ The American Heart Association's *Check. Change. Control.* Blood Pressure Program:
      http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/HighBloodPressureToolsResources/Check-Change-Control-Blood-Pressure-Program_UCM_449318_Article.jsp

   b. __ The *Million Hearts* Initiative: http://millionhearts.hhs.gov/index.html

   c. __ The American Medical Group Foundation's *Measure Up/Pressure Down* Program: http://www.measureuppressuredown.com/

   d. __ Others, Please specify: _____

5. Are you interested in receiving technical assistance to move towards implementing a policy or system to encourage self-management of high blood pressure?

   a. __ Yes
   > i. If yes, please explain what kind of technical assistance would be useful to you:
   >
   > _____
   >
   > _____
   >
   > _____

   b. __ No
   > i. If no, please explain why not:

_____

_____

_____

_____

c. __ Maybe

    i. Please explain what kind of technical assistance might be useful to you:

_____

_____

_____