Question	Response categories
SECTION 1. PRACTICE CHARACTERISTICS	
1. Are you a primary care physician (including internal medicine, family medicine, and pediatrics) or a specialist?	□ Primary care (including internal medicine, family medicine, and pediatrics) □ Specialty (Please specify.) _____
2. About how many hours per week, on the average, do you spend seeing patients?	_____ Hours Per Week Seeing Patients
3. About how many hours per week, on the average, do you spend providing primary care to patients?	_____ Hours Per Week Providing Primary Care
4. Please estimate the number of patients y**ou** see in a **typical week**.	_____ Number of Patients Per Week
5. Over the next three years do you expect the number of hours of patient care you provide per week to increase, decrease, or stay the same?	_____ Increase _____ Decrease _____ Stay the same
6. In a typical week, in how many different outpatient offices do you see patients? *(Check one)*	□$_1$One □$_2$Two □$_3$Three or more
7. About what percent of your patients do you see at your main practice site? If you are not sure, please estimate.	_____%
7. What is your main practice site? Is it a …	☐ Physician's Office ☐ Hospital ☐ Community Health Center ☐ Walk-in Clinic

Question	Response categories
	☐ Urgent Care Center ☐ Retail Clinic ☐ Other _____
8. Are you a:	□1 Partner or Shareholder in the practice □2 Owner of the practice □3 Not an owner of the practice
9. How would you best characterize your (main) practice? (PLEASE CHECK ONLY ONE)	☐ Solo practice ☐ Single specialty partnership or practice ☐ Multispecialty partnership or practice (including staff or group model HMOs)
10. How many full -time clinicians, including yourself, are there in your main practice:	_____ # Physicians _____ # Nurse practitioners _____ # Physician assistants
11. How many part-time clinicians, including yourself, are there in your main practice:	_____ # Physicians _____ # Nurse practitioners _____ # Physician assistants
12. Please **estimate** the percentage of your patients that have the following types of insurance:	_____% Medicare _____% HUSKY/Medicaid/CHIP _____ % Dual Eligible
13. Do you currently accept NEW patients?	□ Yes □ No SKIP TO QX
14. Do you currently accept NEW patients who have the	a) Medicare ___ Yes ___ No

Question	Response categories
following types of insurance:	b) HUSKY/Medicaid/CHIP ___ Yes ___ No
15. What is the zip code of your (main) practice location?	_____ Zip code
SECTION 2: TECHNOLOGY	
1. Does your main practice have an electronic health record (EHR), that is, an integrated clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.?	□$_1$ Yes □$_2$ No (*If "No", please **answer a.** and then **SKIP to Question 19***)
1a. When do you plan to implement an EHR? (move to end of EHR Questions)	□$_1$ Within the next 12 months □$_2$ Within the next 1-2 years □$_3$ Within the next 3-5 years □$_4$ No plans
1b. What is the name of your EHR system (e.g. Epic, Logician):	_____ Epic _____ Logician _____ Allscripts _____ eClinicalWorks _____ NextGen _____Other_____
1c. Please indicate what year your practice **first** began using an EHR:	___ ___ ___ ___ (Year)
2. Does your practice maintain or have access to an electronic list or registry of patients with chronic diseases (e.g., asthma, CHF, depression, diabetes)?	□ Yes □ No
3. With your current electronic medical record system, how easy would it be for you or your staff to generate the following information about your patients?	

Question	Response categories
3a. List of patients by diagnosis (e.g., diabetes)	_____Very Easy _____Somewhat Easy _____Somewhat difficult _____Very Difficult _____Cannot Generate
3b. List or stratify patients by health risk/need for care coordination	_____Very Easy _____Somewhat Easy _____Somewhat difficult _____Very Difficult _____Cannot Generate
3c. List of patients by laboratory results (e.g., patients with abnormal hematocrit levels)	_____Very Easy _____Somewhat Easy _____Somewhat difficult _____Very Difficult _____Cannot Generate
3d. List of patients by medications they currently take (e.g., patients on warfarin)	_____Very Easy _____Somewhat Easy _____Somewhat difficult _____Very Difficult _____Cannot Generate
4. Please indicate the following **features of the EHR** that you **have available** in your practice. For those features that you have, indicate the extent to which **you use** them:	
4a. Generating reminders for interventions (e.g. smoking cessation advice)	**Available:** ____Yes ____No ____Don't Know **Use**: _____I do not use _____I use some of the time _____I use most or all of the time
4b. Providing patients with an electronic copy of health	**Available:** ____Yes ____No ____Don't Know

Question	Response categories
info	**Use**: _____I do not use _____I use some of the time _____I use most or all of the time
5. For each outcome listed below, indicate whether you think the effect of an EHR is very positive, somewhat positive, no effect, somewhat negative, or very negative on:	
a) Health care costs	_____Very Positive _____Somewhat Positive _____No Effect _____Somewhat Negative _____Very Negative
b) Quality of health care	_____Very Positive _____Somewhat Positive _____No Effect _____Somewhat Negative _____Very Negative
c) Patient-physician communication	_____Very Positive _____Somewhat Positive _____No Effect _____Somewhat Negative _____Very Negative
d) Patient privacy	_____Very Positive _____Somewhat Positive _____No Effect _____Somewhat Negative _____Very Negative
e) Clinicians' access to up-to-date information	_____Very Positive _____Somewhat Positive _____No Effect

Question	Response categories
	_____Somewhat Negative _____Very Negative
f) Efficiency of providing care	_____Very Positive _____Somewhat Positive _____No Effect _____Somewhat Negative _____Very Negative
g) Medication errors	_____Very Positive _____Somewhat Positive _____No Effect _____Somewhat Negative _____Very Negative
SECTION 3: MEDICAL HOME CHARACTERISTICS	
1. a. Is your main practice a designated Patient Centered Medical Home (PCMH)? ☐ Yes ☐ No *If no, skip to question* ==========➔ If yes, by what organization(s)? a. NCQA (2011) ☐ Yes ☐ No b. NCQA (2008) ☐ Yes ☐ No c. JCAHO ☐ Yes ☐ No d. State of Connecticut Department of Social Services ☐ Yes ☐ No	If no, is this practice in the process of obtaining PCMH designation? ☐ Yes ☐ No If no, are you interested in becoming a designated PCMH? ☐ Yes ☐ No

Question	Response categories
e. Other _____	
2. How familiar are you with the concept of a patient centered medical home	_____very familiar _____somewhat familiar _____not very familiar _____not at all familiar
3. How likely would you be to use state fund technical assistance if it was available to help develop a patient centered medical home?	_____very likely _____somewhat likely _____not very likely _____not at all likely
4. Please indicate whether you agree or disagree with the following statements:	
a) A patient centered medical home can provide better quality care to patients than traditional approaches	□1 Strongly Agree □2 Agree □3 Neither Agree or Disagree □4 Strongly Agree □5 Agree
b) A patient centered medical home would be financially beneficial for my practice	□1 Strongly Agree □2 Agree □3 Neither Agree or Disagree □4 Strongly Agree □5 Agree
c) Establishing a patient centered medical home is challenging for a practice like mine	□1 Strongly Agree □2 Agree □3 Neither Agree or Disagree □4 Strongly Agree □5 Agree
5. Does your practice use clinical or non-clinical staff whose primary job is to coordinate and improve the quality of care	□1 Yes

Question	Response categories
for patients with chronic diseases?	□2 No
6. SKIP based on earlier responses At the majority of your practice sites, does your medical group/practice use:	
a) primary care teams, by which we mean a group of physicians and other staff (such as nurse care managers, medical assistants, health coaches) who meet with each other regularly to discuss the care of a defined group of patients and who share responsibility for their care.	□1 Yes □2 No
b) "Advanced access" or "open access" scheduling that encourages your office staff to offer same-day appointments to virtually all patients who want to be seen.	□1 Yes □2 No
c) Group visits in which multiple patients with chronic illness meet together with a trained clinician to obtain routine medical care and to address educational and psychosocial concerns.	□1 Yes □2 No
7. Does your medical group/practice have any **non-physician staff**, for example, nurses, dieticians, or health educators, who have **time set aside** to meet with and/or call patients to help educate them about diet, exercise, and/or tobacco or excessive alcohol use?	□1 Yes □2 No
8. Does your medical group or practice participate in a formal program that coordinates transitions of care from hospital discharge to home care, nursing home care, or follow-up with the patient's primary care physician or specialist?	□1 Yes □2 No
The next series of questions asks about information or support you get from your medical group, practice, or an IPA, PHO, or health plan that you are affiliated with.	

Question	Response categories	
9. Does your medical group/practice have any **non-physician staff**, for example, nurses, dieticians, or health educators, who have **time set aside** to meet with and/or call patients to help educate them about diet, exercise, and/or tobacco or excessive alcohol use?	□1 Yes □2 No	
10. Drop for non-affiliated *Thinking about your patients with chronic diseases (e.g.,* asthma, CHF, depression, diabetes), do you get guideline-based reminders – **that you see at the time you are seeing the patient** – for services the patient should receive? An example would be a pop-up within an electronic medical record or an appropriate reminder attached to the front of the chart **each time that you see the patient**.	□1 Yes □2 No	IF YES: For what percent of your patients do you receive this? 1. None 2. Less than half 3. Half or more 4. All or almost all
11. Drop for non-affiliated Do you get feedback on the quality of care you provide to patients with chronic illness?	□1 Yes □2 No	IF YES: For what percent of your patients do you receive this? 1. None 2. Less than half 3. Half or more 4. All or almost all
12. Drop for non-affiliated Do you get the results about surveys of patient experiences at least once a year?	□1 Yes □2 No	IF YES: For what percent of your patients do you receive this? 1. None 2. Less than half 3. Half or more 4. All or almost all
13. Drop for non-affiliated Do you get feedback on the quality of preventive care you provide to patients?	□1 Yes □2 No	IF YES: For what percent of your patients do you receive this? 1. None 2. Less than half 3. Half or more 4. All or almost all

Question	Response categories
14. How challenging is it for you and your staff to recognize behavioral health problems in your patients?	□$_1$ Very Challenging □$_2$ Somewhat Challenging □$_3$ Not Very Challenging □$_4$ Not at All Challenging
15. How challenging is it for you and your staff to provide (or arrange for?) appropriate treatment for behavioral health problems in your patients?	□$_1$ Very Challenging □$_2$ Somewhat Challenging □$_3$ Not Very Challenging □$_4$ Not at All Challenging
SECTION 4: CULTURAL COMPETENCY	
1. To what extent, if any, have the **physicians** in your medical group participated in formal training programs to improve their skills in the areas of patient communication and/or cultural competence? Please choose one of the following statements.	a. our physicians have had little or no formal training b. our physicians have had some formal training c. our physicians have had a great deal of formal training
2. When providing care for patients that you have difficulty communicating with due to language barriers, how likely are you to do the following?	
a) Use a member of your clinical or office staff as an interpreter	_____Very likely _____Somewhat likely _____Not very likely _____Not at all likely
b) Use an interpreter (either someone employed by the practice or a hired service)	_____Very likely _____Somewhat likely _____Not very likely _____Not at all likely
c) Ask the patient's family member or friend to interpret	_____Very likely _____Somewhat likely

Question	Response categories
	_____Not very likely _____Not at all likely
d) Try to work through the encounter despite the language barrier	_____Very likely _____Somewhat likely _____Not very likely _____Not at all likely
SECTION 6: PHYSICIAN ATTITUDES	
In the past year how often have you …	
1. … considered leaving clinical practice?	_____Never _____A few times a year or less _____Once a month or less _____A few times a month _____Once a week _____A few times a week _____Every Day
2. … considered altering your practice (e.g., limiting the number of patients you see, limiting the hours you work?)	_____Never _____A few times a year or less _____Once a month or less _____A few times a month _____Once a week _____A few times a week _____Every Day
3. … considered conversion to a concierge model?)	_____Never _____A few times a year or less _____Once a month or less _____A few times a month _____Once a week _____A few times a week

Question	Response categories
	_____Every Day
4. Please tell us how challenging you find the following issues for *your practice*.	
a) Lack of uniformity of forms and procedures across insurance plans	□1 Very Challenging □2 Somewhat Challenging □3 Not Very Challenging □4 Not at All Challenging
b) Varying policies across insurance plans for prior authorizations	□1 Very Challenging □2 Somewhat Challenging □3 Not Very Challenging □4 Not at All Challenging
c) Staying current in my area of practice	□1 Very Challenging □2 Somewhat Challenging □3 Not Very Challenging □4 Not at All Challenging
d) Referring patients for behavioral health treatment	□1 Very Challenging □2 Somewhat Challenging □3 Not Very Challenging □4 Not at All Challenging
e) Referring patients to other specialists	□1 Very Challenging □2 Somewhat Challenging □3 Not Very Challenging □4 Not at All Challenging
f) Balancing professional and personal responsibilities	□1 Very Challenging □2 Somewhat Challenging

Question	Response categories
	□$_3$ Not Very Challenging □$_4$ Not at All Challenging
g) Incorporating pay-for-performance or shared savings programs into your practice	□$_1$ Very Challenging □$_2$ Somewhat Challenging □$_3$ Not Very Challenging □$_4$ Not at All Challenging
SECTION 7: NARROW NETWORKS	
1. In the past year, has a plan denied you membership in a network you wanted to join?	_____Yes _____No
2. In the past year, has a plan dropped you from their network?	_____Yes _____No
3. If yes, how many networks were you denied membership in?	Number denied_____
4. If yes, please estimate how many patients you were unable to accept in the past year because of network denials	Number of patients not accepted_____
SECTION 8: PHYSICIAN DEMOGRAPHICS	
1. Are you:	☐ Male ☐ Female
2. In what year did you graduate from medical school?	_____