Enhancing Child Health in Oregon (ECHO) Learning Collaborative: November 5, 2011

Pre-Survey

As part of the ECHO Learning Collaborative, we want to gauge how your practice is doing with implementing the changes embodied in the concepts of Medical Home for pediatric patients. We also want to make sure that we design this Learning Collaborative in a way that meets your needs. Please take a few minutes to fill out this survey for us. If you don’t know an answer, give your best guess.

1. General Questions About You and Your Practice

What is your role in this practice?

- MD/DO
- Nurse Practitioner
- Physician Assistant
- Nurse/CNA
- Care Coordinator
- Administrator: Specify: ___________
- Other: Specify: _______

Which practice are you from?

- Family Medical Group NE
- Woodburn Pediatrics
- Hillsboro Pediatrics
- The Children’s Clinic
- Siskiyou Pediatrics
- Eastern Oregon Medical Associates
- Winding Waters
- Children’s Health Associated of Salem

2. Questions about the Concept of Medical Home

How familiar/knowledgeable are you about the concept of a medical home as defined by the American Academy of Pediatrics?

- No knowledge of concepts
- Some knowledge/Not applied
- Knowledgeable/Concepts sometimes applied in practice
- Knowledgeable/Concepts regularly applied in practice

How familiar/knowledgeable are you about the concept of medical home as defined by the Oregon Patient-Centered Primary Care Home Standards?

- No knowledge of concepts
- Some knowledge/Not applied
- Knowledgeable/Concepts sometimes applied in practice
- Knowledgeable/Concepts regularly applied in practice
What do you think are the biggest barriers to providing medical home services to children and youth in your practice? (CHECK ALL THAT APPLY)

1 □ Lack of knowledge of what constitutes a “medical home services
2 □ Lack of knowledge of activities / processes that would be practical to implement in my practice
3 □ Lack of funding for hiring care coordinators or conducting other practice activities
4 □ Poor reimbursement for medical home services by health plans
5 □ Competing priorities that make medical home transformation less important
6 □ The culture within my practice does not support innovation / applying new ideas
7 □ Other : Please describe

3. Questions about Your Practice and Current Processes

Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff and clinicians in our practice function together as a “real team”.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>Leadership strongly supports practice change efforts.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>It is hard to get things to change in our practice.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>It’s hard to make any changes in our practice / team because we are so busy seeing patients.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>The providers in our practice / team very frequently feel overwhelmed by work demands.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>The staff members in our practice / team very frequently feel overwhelmed by work demands.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>People in our practice actively seek new ways to improve how we do things.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>My practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>I can rely on other people in our practice to do their jobs well.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>Our practice develops good relationships with families</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>Our practice has a good system for identifying pediatric patients at high-risk for poor outcomes.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
</tbody>
</table>
4. **Please rate the following in your practice (check one):**

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Overall quality of clinical care</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Child and youth health outcomes</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Patient satisfaction</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>d. Staff morale</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

5. **Using your own definition of "burnout", please check one:**

1. □ I enjoy my work. I have no symptoms of burnout.
2. □ Occasionally I'm under stress at work, but I don't feel burned out.
3. □ I have one or more symptoms of burnout, such as physical or emotional exhaustion.
4. □ The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.
5. □ I feel completely burned out and often wonder if I can go on.

Thank you for completing this survey!

Adapted from: SNMHI Clinic/Team Survey, University of Chicago’s Provider Experience Survey and CASE’s Survey of Clinicians and Staff Experience in Patient Centered Medical Homes (PCMH)