

**Hospital National Provider Survey for the
National Impact Assessment of CMS Quality and Efficiency Measures**

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DEFINITION OF KEY TERMS IN THIS SURVEY

CMS quality and efficiency measures: Measures of clinical processes and outcomes, patient experience with care, patient safety, resource use or cost of care, and structural measures (such as hospital's use of clinical database registries). These measures are reported by hospitals to the Centers for Medicare & Medicaid Services (CMS) and information on the measures can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU.html> and at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>. Measures address care provided in the inpatient and outpatient settings, including emergency department services, observation services, outpatient surgical services, lab tests, and X-rays.

Accountable Care Organizations (ACO): ACOs are networks of healthcare providers and organizations (usually hospitals and ambulatory care physician groups, and possibly including nursing homes, home health, and hospice organizations) that agree to take some financial responsibility for reducing the costs and improving the quality of care for a defined patient population.

Clinical decision support (CDS): CDS encompasses a variety of tools to enhance decision-making in the clinical workflow. These tools include computerized alerts and reminders to care providers and patients; clinical guidelines; condition-specific order sets; focused patient data reports and summaries; documentation templates; diagnostic support; and contextually relevant reference information, among other tools.”¹

Culture of safety: Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

Integrated Delivery System (IDS): An IDS is an integrated network of healthcare providers and organizations such as hospital, primary and specialty care, nursing home, rehabilitation, home health care, and hospice that provides or arranges to provide a coordinated continuum of services to a defined population. It may own or be closely aligned with an insurance product, usually a form of managed care.

Lean/Six Sigma Engineering: Redesign or re-engineering concepts that were originally developed to increase the efficiency of production and reduction of errors within manufacturing companies. Lean/Six Sigma has been adopted by healthcare organizations to identify problems or inefficiencies and take actions to address these issues. “Lean” and “Six Sigma” emphasize focusing on customer satisfaction, problem solving and elimination of waste, and involving employees in identifying and resolving the problem.

¹ Source: <http://www.healthit.gov/policy-researchers-implementers/clinical-decision-support-cds>

Learning Organization: An organization that encourages and supports continuous employee learning, critical thinking, and risk-taking with new ideas.

Plan, Do, Study Improvement Cycles (PDSA): PDSA is a tool that is used for accelerating quality improvement that involves developing a **plan** to test the change (**Plan**), carrying out the test (**Do**), observing and learning from the consequences (**Study**), and determining what modifications should be made to the test (**Act**).

Situation Background Assessment Recommendation (SBAR): SBAR is a standardized way of communicating that promotes patient safety by helping individuals communicate with each other with a shared set of expectations. Staff and physicians can use SBAR to share patient information in a concise and structured format.

YOUR HOSPITAL'S EXPERIENCE WITH CMS MEASURES

1. In the last 12 months, has your hospital's performance on CMS measures...
 - ¹ ☐ Improved across the board on all measures
 - ² ☐ Improved on some measures but not on others
 - ³ ☐ Approximately stayed the same
 - ⁴ ☐ Declined on some measures but not on others
 - ⁵ ☐ Declined across the board on all measures

2. In your opinion, how well does your hospital's performance on the CMS measures reflect the improvements in care that your hospital makes?
 - ¹ ☐ Very well
 - ² ☐ Somewhat well
 - ³ ☐ Not well at all

3. Thinking about the full list of CMS hospital measures, do you think the CMS measures are clinically important?
 - ¹ ☐ Yes
 - ² ☐ Mostly yes
 - ³ ☐ Mostly no
 - ⁴ ☐ No

4. Do you think hospitals should be held responsible for performance on the CMS measures?
 - ¹ ☐ Yes
 - ² ☐ Mostly yes
 - ³ ☐ Mostly no
 - ⁴ ☐ No

5. Have you experienced difficulties with improving performance on any of the CMS measures?
 - ¹ ☐ Yes on many of the measures
 - ² ☐ Yes on some of the measures
 - ³ ☐ No → If "No," go to question 8

6. Based on your hospital's experience, is it more difficult to improve on certain types of measures than on others? Such as....

(Mark one in each row)

- | | | |
|--|-----|----|
| a. Clinical process measures (for example: Thrombolytic Therapy for patients with stroke [STK-4]) | Yes | No |
| b. Patient outcomes measures (for example: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (MORT-30-AMI) or Hospital-Level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)) | Yes | No |
| c. Resource use measures (for example: OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery) | Yes | No |
| d. Patient Experience measures (for example: HCAHPS Survey results) | Yes | No |
| e. Patient Safety measures (for example: Central-Line Associated Bloodstream Infection (CLABSI)) | Yes | No |
| f. Hospital Acquired Conditions (for example: foreign object retained after surgery, air embolism, stage III and IV pressure ulcers, catheter-associated urinary tract infection [UTI], vascular catheter-associated infection, surgical site infection, deep vein thrombosis [DVT]/pulmonary embolism [PE]) | Yes | No |
| g. Measures of hospital readmission within 30 days from hospital discharge, for Acute Myocardial Infarction (AMI), Heart Failure (HF) and Pneumonia (PN) | Yes | No |

7. Have any of the following contributed to your hospital's difficulties with improving performance on the CMS measures?

(Mark one in each row)

- | | | |
|--|-----|----|
| a. Difficulty <u>identifying</u> improvement strategies | Yes | No |
| b. Difficulty <u>implementing</u> improvement strategies | Yes | No |
| c. Difficulty identifying processes of care that lead to improved patient outcomes | Yes | No |
| d. Difficulty getting front-line clinicians to change behavior to improve performance | Yes | No |
| e. Insufficient resources (e.g., staffing, tools, training) | Yes | No |
| f. Inadequate Health Information Technology (IT) resources and capabilities (e.g., clinical decision support or longitudinal tracking of outcomes) | Yes | No |
| g. Staff turnover | Yes | No |
| h. Lack of senior leadership support | Yes | No |
| i. Lack of sufficient support from physicians or other clinical staff | Yes | No |
| j. Lack of sufficient time for physicians or other clinical staff to participate | Yes | No |
| k. Difficulty with coding or documentation (e.g., lack of consistency across staff, insufficient documentation) | Yes | No |
| l. Lack of training on improvement processes | Yes | No |
| m. A difficult patient mix (i.e., low socioeconomic status, clinically complex) | Yes | No |
| n. Culture that does not support improvement efforts | Yes | No |
| o. Other reason (please specify: _____) | Yes | No |

INNOVATIONS IN THE DELIVERY OF CARE

8. We are interested in understanding what changes your hospital has made in the way care is being delivered to improve its quality performance. Has your hospital made any of the following changes in order to improve performance on the CMS measures?

Type of Change or Innovation	Has this change or innovation been made in your hospital?	If change was made, has it helped improve your hospital's performance on one or more CMS measures?
a. Adopted practices to become a "learning organization."	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
b. Implemented a "culture of safety."	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
c. Implemented an electronic health record (EHR).	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
d. Implemented electronic tools to support frontline clinical staff, such as clinical decision support, condition-specific electronic alerts, or automated prompts.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
e. Implemented risk prediction tools to identify and manage high-risk patients.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
f. Implemented an <u>electronic</u> health information system that shares key patient information with providers in the community (e.g., nursing homes and ambulatory care providers).	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
g. Implemented standardized care protocols or checklists.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
h. Implemented appropriateness criteria to guide physician decision making for selected procedures, imaging studies, or tests.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure

Type of change or innovation	Has this change or innovation been made in your hospital?	If change was made, has it helped improve your hospital's performance on one or more CMS measures?
i. Implemented a post-discharge continuity of care program to prevent readmissions.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
j. Developed a system for tracking patient outcomes.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
k. Adopted care redesign/re-engineering (e.g., Deming/Lean Engineering, Six Sigma, Plan, Do, Study, Act (PDSA) improvement cycles).	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
l. Provided training to physicians and/or nurses on quality improvement strategies.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
m. Provided routine feedback on your hospital's performance on CMS measures to physicians and other clinical staff.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
n. Used performance on CMS measures as a basis for determining pay for physicians or other clinical staff.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
o. Implemented an internal incentive or bonus program for senior leaders and/or senior management based on performance on CMS measures.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
p. Gave hospital staff awards or other special recognition tied to quality performance.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure

Type of change or innovation	Has this change or innovation been made in your hospital?	If change was made, has it helped improve your hospital's performance on one or more CMS measures?
q. Increased the number of staff dedicated to quality improvement or quality management.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
r. Identified Physician/Nurse champions for quality improvement initiatives or projects.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
s. Implemented quality improvement initiatives targeted to specific CMS measures.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
t. Obtained technical assistance from CMS (i.e., a CMS Quality Improvement Organization) or from private organizations (e.g., quality improvement collaboratives, consulting firms) in collecting and reporting performance measures.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
u. Implemented interdisciplinary rounds or team "huddles" or formation of multi-specialty patient care teams.	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
v. Implemented or changed communication protocols to support or improve collaboration among clinicians and staff (i.e., Situation Background Assessment Recommendation (SBAR), hand off or paging protocols, etc.)	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
w. Implemented changes to how nursing staff is deployed (e.g., change in staffing levels or work hours, use of contract or contingent staff)	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
x. Other change or innovation. Please specify: _____	<input type="checkbox"/> Yes➔ <input type="checkbox"/> No↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure

9. Have the changes your hospital has made in response to the CMS measures led to improvements in areas of care not measured by CMS?

¹ ☐ Yes

² ☐ No → If “No,” go to question 11

³ ☐ Don’t know

10. Has your hospital measured or documented the actual improvements in the areas of care not measured by CMS?

¹ ☐ Yes

² ☐ No

CHALLENGES TO REPORTING THE CMS MEASURES

11. Has your hospital experienced difficulties in reporting the CMS measures?

¹ ☐ Yes

² ☐ No → If “No,” go to question 13

12. Which of the following reasons have contributed to your hospital’s difficulties in reporting CMS measures?

(Mark all that apply)

¹ ☐ Difficulty capturing the data needed for measure construction

² ☐ Difficulty extracting the data from the EHR or other data systems/registries

³ ☐ Difficulty interpreting measure specifications

⁴ ☐ Insufficient or inadequate staffing or other resources

⁵ ☐ Challenges with CMS reporting tools or interface

⁶ ☐ Other reason (please specify: _____)

FACTORS ASSOCIATED WITH CHANGE IN QUALITY PERFORMANCE

13. There are many factors that influence a hospital's decision to invest in efforts to improve its quality performance. Please rank the importance of each of the following factors in your hospital's decision to invest in quality improvement efforts for CMS measures.

(Please rank by order of importance where 1 is the most important and 4 is the least important)

- _____ a. Potential to receive financial incentives for improved performance (i.e., pay for performance)
- _____ b. Threat of financial penalties for low performance (e.g., non-payment for hospital readmissions within 30 days or for hospital-acquired infections)
- _____ c. Public reporting of your hospital's performance results on the CMS Hospital Compare website
- _____ d. Participation in alternative payment models (e.g., ACOs, bundled payment arrangements) where there is an opportunity for shared reward (savings) and shared financial risk

14. Many different factors may help a hospital improve their performance. Please rank the **top 3 factors** that have helped your hospital improve performance on some or all of the CMS measures.

☐ Mark here if your hospital has had no improvement on any CMS measures → Go to question 15

(Rank order the 3 most important from 1-3. Assign 1 to the most important factor, 2 to the next most important factor, and 3 to the next most important factor.)

- _____a. Your hospital's organizational culture
- _____b. Hospital leadership support and engagement
- _____c. Effective relationship between management and staff
- _____d. Having dedicated resources for quality improvement
- _____d. Internal incentives tied to performance on CMS measures
- _____f. Internal accountability for performance on CMS measures
- _____g. Having strong data systems
- _____h. Providing feedback to clinical and nursing staff on performance on CMS measures
- _____i. Having a system-wide focus on quality and quality improvement
- _____j. Networking with other hospitals and health systems to identify elements of high-performing organizations
- _____k. Investments in care redesign or re-engineering
- _____l. Investments in patient safety
- _____m. Other (please specify:_____)

UNDESIRE D EFFECTS OF CMS QUALITY MEASUREMENT PROGRAMS

The use of quality and efficiency measures may potentially result in undesired effects. The next questions ask about your hospital's knowledge of or experience with undesired effects of the CMS measures and their use in public reporting and pay for performance. All of the responses you provide are confidential and are intended to help CMS in modifying reporting programs so as to avoid the programs' causing undesired effects. Your candid feedback is important in helping CMS improve these programs so that they work well for providers and their patients.

15. Has your hospital observed any undesired effects stemming from using or reporting CMS measures?

- ¹☐ Yes, definitely
- ²☐ Yes, somewhat
- ³☐ No

16. In your opinion, do you think any of the following has occurred in your hospital as a result of your hospital being held accountable for performance on CMS measures?

(Mark one in each row)

- | | | |
|--|-----|----|
| a. Fewer resources for quality improvement in areas of clinical care that are <u>not the focus of</u> CMS performance measures | Yes | No |
| b. Focus on narrow improvement for specific measures rather than across the board improvement in care | Yes | No |
| c. Overtreatment of patients to ensure that a measure is met | Yes | No |
| d. Increased focus on documentation or coding of data to attain a higher score | Yes | No |
| e. Changing coding of data or documentation to ensure that a measure is met | Yes | No |
| f. Avoiding sicker or more challenging patients when providing care | Yes | No |

The next questions ask about other hospitals' experience with undesired effects of the CMS measures and their use in public reporting and pay for performance.

17. To your knowledge, have other hospitals observed any undesired effects stemming from the CMS measures and their use in public reporting and for payment/value-based purchasing?

- ¹☐ Yes, definitely
²☐ Yes, somewhat
³☐ No
⁴☐ Don't know

18. To your knowledge, have any of the following occurred in other hospitals as a result of being held accountable for performance on CMS measures?

(Mark one in each row)

- | | | | |
|--|-----|----|------------|
| a. Fewer resources for quality improvement in areas of clinical care that are <u>not the focus of</u> CMS performance measures | Yes | No | Don't know |
| b. Focus on narrow improvement for specific measures rather than across the board improvement in care | Yes | No | Don't know |
| c. Overtreatment of patients to ensure that a measure is met | Yes | No | Don't know |
| d. Increased focus on documentation or coding of data to attain a higher score | Yes | No | Don't know |
| e. Changing coding of data or documentation to ensure that a measure is met | Yes | No | Don't know |
| f. Avoiding sicker or more challenging patients when providing care | Yes | No | Don't know |

PERSPECTIVES OF HOSPITAL LEADERSHIP AND OTHER STAKEHOLDERS

19. How often do meetings of your hospital's board include a review and discussion of the hospital's performance on the CMS measures?

(Mark one)

- ¹☐ More than four times per year
²☐ Quarterly
³☐ Twice per year
⁴☐ Annually
⁵☐ Less than once per year

20. Which of the following best describes your hospital's board?

(Mark one)

- ¹☐ Board is more engaged in financial performance issues than quality performance issues.
²☐ Board is equally engaged in financial performance issues and quality performance issues.
³☐ Board is more engaged in quality performance issues than financial performance issues.

21. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the hospital board of director's support of your hospital's efforts to improve performance on CMS measures?

0 – Not at all supportive

1
2
3
4
5
6
7
8
9

10 – Extremely supportive

22. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the hospital leadership's (e.g., the C-Suite executive management) support of your hospital's efforts to improve performance on CMS measures?

0 – Not at all supportive

1
2
3
4
5
6
7
8
9

10 – Extremely supportive

23. On a scale from 0 to 10, where 0 is not at all and 10 is a great deal, how much does your hospital leadership promote a culture of quality?

0 – Not at all

1

2

3

4

5

6

7

8

9

10 – A great deal

24. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the nursing leadership's support of your hospital's efforts to improve performance on CMS measures?

0 – Not at all supportive

1

2

3

4

5

6

7

8

9

10 – Extremely supportive

25. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe physicians' support of your hospital's efforts to improve performance on CMS measures?

0 – Not at all supportive

1

2

3

4

5

6

7

8

9

10 – Extremely supportive

USE OF HEALTH INFORMATION TECHNOLOGY

These next questions are about your hospital's use of and outside provider access to Health Information Technology.

26. Does your hospital have an electronic health record (EHR)?

¹ ☐ Yes

² ☐ No → If "No," go to question 32

27. Is your hospital's EHR able to exchange information electronically with all departments in the hospital?

¹ ☐ Yes

² ☐ No

28. Are health providers in your community (i.e., ambulatory care physicians, nursing homes) able to access your hospital's EHR or health information system to obtain key clinical data on patients?

¹ ☐ Yes, all key clinical data

² ☐ Yes, some key clinical data

³ ☐ No → If "No," go to question 30

29. Which of the following types of information are health providers in your community (i.e., ambulatory care physicians, nursing homes) able to access electronically through your hospital's EHR or health information system?

(Mark one in each row)

a. Diagnostic/treatment summary	Yes	No
b. Discharge instructions	Yes	No
c. Lab tests/Imaging results	Yes	No
d. Prescribed medications	Yes	No

30. Is your hospital able to electronically access information on patients from other providers in your community (i.e., ambulatory care physicians, nursing homes)?

¹ ☐ Yes, for all or most patients

² ☐ Yes, for some patients

³ ☐ No

31. Does your hospital's EHR have an interface or other tools that help with...

(Mark one in each row)

- | | | |
|---|-----|----|
| a. Medication tracking and reconciliation? | Yes | No |
| b. Evidence-based treatment or clinical decision support? | Yes | No |
| c. Collection of CMS measures? | Yes | No |
| d. Reporting of CMS measures? | Yes | No |
| e. Tracking or monitoring of quality of care and/or patient outcomes? | Yes | No |

32. Not including an EHR, does your hospital use any other software or electronic tools that help with...

(Mark one in each row)

- | | | |
|--------------------------------|-----|----|
| a. Collection of CMS measures? | Yes | No |
| b. Reporting of CMS measures? | Yes | No |

CHARACTERISTICS OF YOUR HOSPITAL

These next questions will help us to describe the hospitals that participate in this survey.

33. Is your hospital affiliated with a hospital system?

- ¹ ☐ Yes
² ☐ No

34. Is your hospital part of an integrated delivery system?²

- ¹ ☐ Yes
² ☐ No

² An Integrated Delivery System (IDS) is a network of health care providers and organizations (i.e., hospital, primary and specialty care, rehabilitation, home health care, hospice) that provides or arranges to provide a coordinated continuum of services to a defined population. It may own or be closely aligned with an insurance product, usually a form of managed care.

35. How many competitor hospitals exist within your hospital's service area?

- ¹ ☐ 0
- ² ☐ 1
- ³ ☐ 2
- ⁴ ☐ 3
- ⁵ ☐ 4
- ⁶ ☐ 5
- ⁷ ☐ 6 or more

36. Compared to your competitors, how well does your hospital perform on the CMS quality and efficiency measures?

- ¹ ☐ Better
- ² ☐ About the same
- ³ ☐ Worse
- ⁴ ☐ Don't know

37. Do you face a shortage of physicians in your area?

- ¹ ☐ Yes
- ² ☐ No

38. Are most of the physicians who practice in your hospital employees or are they independent contractors?

- ¹ ☐ Most physicians are employees
- ² ☐ Most physicians are independent contractors

39. Do you face a shortage of nurses in your area?

- ¹ ☐ Yes
- ² ☐ No

40. Does your hospital participate in any of the following types of Accountable Care Organizations (ACOs)?

(Mark one in each row)

a. Medicare Shared Savings Program	Yes	No
b. Medicare Pioneer ACO	Yes	No
c. Medicare's Advanced Payment Model ACO	Yes	No
d. Medicaid ACO	Yes	No
e. A private, commercially insured ACO arrangement (within an HMO or PPO)	Yes	No

41. Is your hospital participating in any other type of alternative payment model that may have shared savings or shared risk (e.g., *global budgets, bundled payments for selected procedures*)?

¹ ☐ Yes

² ☐ No

42. Does your hospital participate in other non-CMS quality and efficiency measure reporting programs sponsored by:

(Mark one in each row)

a. Medicaid	Yes	No
b. The state where you hospital is located	Yes	No
c. Commercial insurers	Yes	No
d. Employer or multi-stakeholder collaboratives	Yes	No

43. Across your hospital's entire book of business, approximately what percentage of your patients is comprised of...?

(Please provide your best estimate. Your estimates should add to 100%)

_____ % Medicare only patients

_____ % Medicaid only or Dual eligible (Medicare and Medicaid) patients

_____ % Commercially-insured patients

_____ % Private-pay patients

_____ % Uninsured patients

RESPONDENT BACKGROUND

44. Which of the following best describes your job title or position within this hospital?

(Mark one)

- ¹☐ Chief Executive Officer
- ²☐ Chief Medical Officer
- ³☐ Chief Nursing Officer
- ⁴☐ Senior leader responsible for quality of clinical care (e.g., VP for Quality)
- ⁵☐ Member of a team responsible for measuring and reporting quality of clinical care
- ⁶☐ Some other role (Please specify: _____)

45. How many years have you been in your current position within this hospital?

- ¹☐ Less than one year
- ²☐ One to three years
- ³☐ More than 3 years

46. Are you a physician?

- ¹☐ Yes (please specify Specialty: _____)
- ²☐ No

47. Did anyone else help you complete this survey?

- ¹☐ Yes
- ²☐ No → Thank you for completing this survey!

48. What is the job title or position of the other person or persons who helped you complete the survey?

Thank you for taking the time to complete the survey.

Please make a copy for your file and send the original back to the [VENDOR NAME] in the pre-paid envelope to:

[INSERT VENDOR ADDRESS HERE]