

Outpatient Clinicians Survey Instrument

Introduction and Informed Consent

The Centers for Medicare & Medicaid Services (CMS) is conducting this survey to learn your perspective on the resources you find most helpful for improving the quality of care you provide your patients. We hope that you will complete the survey to provide CMS feedback and direction for improving current quality improvement programs as well as directing future resource allocation.

This survey is voluntary, and you may stop participating in the survey at any time. Neither your name nor the name of your business will ever appear in any reports prepared from the findings of this survey. We will be collecting responses from hundreds of outpatient clinicians across the nation. The aggregated results will not identify you or your organization, and your responses in any way will not affect your business' relationship with CMS.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-xxxx (Expires xx/xx/20xx)**. On average, the time required to complete this information collection is estimated to take **15 minutes**, including the time to review instructions, search existing data resources and gather the data (if needed), and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Click 'Next' to begin

Screener

S1. In what state or territory do you currently work? (If you work within a large network of facilities, please use the physical location of the primary healthcare facility where you practice.)

[Drop down of all 50 states, plus District of Columbia and territories]

S2. Which of the following best describes your specific occupation within the healthcare facility you primarily work? Please select one.

- a. Medical Doctor (MD, DO, DPM; including PCPs and Specialists)
- b. Nurse or Nurse Practitioner



- c. Chiropractor
- d. Physical Therapist
- e. Social Worker
- f. Psychologist, LCSW, Mental Health Counselor
- g. Physician Assistant, Medical Assistant or Technician
- h. Office/Practice Manager
- i. Quality Oversight
- j. Other (specify): [Open-ended]

S3. Is the facility where you primarily work part of a network of practices or facilities?

Yes

No

S4. How many years have you been in your current position at the healthcare facility in which you primarily work?

[0 to 99]

Outpatient Clinician Engagement with CMS QIN-QIO Program

Q1. In the last 12 months, do you recall your facility working with or using any resources provided by [Insert QIO name], or another Quality Improvement Organization (QIO)?

	a. Yes	b. No	c. Previously, but not in the last 12 months	d. Not sure/ Do not know
(1-1) [Insert QIO name]				
(1-2) CMS Quality Improvement Network and Quality Improvement Organization (QIN-QIO) Program				

Q1A. [Asked if Q1-1 AND Q1-2 = 'b', 'c', or 'd'] Which best describes the reason(s) why your facility did not work with [Insert QIO name] or use resources provided by these organizations in the last 12 months?

(Select all that apply) [Answer Choices Randomized, but option 'a' and 'b' are always first two and 'h' and 'i' are last]

- a. We were not aware of these organizations and their resources.
- b. No such opportunity presented itself.
- c. The resources offered seemed redundant with other efforts we were involved in.
- d. We had all the support needed within this facility.
- e. We had already received support from another government program or resource.
- f. The assistance provided did not seem to be helpful or worth the effort.
- g. We did not have enough time to participate in this effort.
- h. Other (specify): [Open-ended]
- i. Not sure/Do not know

[If Q1-1 AND Q1-2 = 'b' 'c', or 'd' skip to Q4]

[If Q1-1 = 'a,' use corresponding QIO name in the remaining questions. If Q1-1 NE 'a,' use "the QIO" for remaining questions.]

Q2. In the last 12 months, how would you describe your level of engagement with [Insert QIO name] on work to improve the quality of care at your facility?

- a. Highly engaged
- b. Moderately engaged
- c. Minimally engaged
- d. Not at all engaged
- e. Not sure/Do not know

Q2A. [Asked if Q2 = 'c', 'd', or 'e'] Which best describes the reason(s) why your facility was not more fully engaged with [Insert QIO name]. (Select all that apply) [Answer Choices Randomized except option 'g' and 'h' at bottom.]

- a. No such opportunity presented itself.
- b. The resources offered seemed redundant with other efforts we were involved in.
- c. We had already received support from another government program or resource.
- d. We had all the support needed within this facility.
- e. The assistance available did not seem to be helpful or worth the effort.
- f. We did not have enough time to participate in another effort.
- g. Other (specify): [Open-ended]
- h. Not sure/Do not know

Q2B. [Asked if Q2 = 'a', 'b', or 'c'] In the last 12 months, approximately how frequently have you or your facility **INITIATED** contact with [Insert QIO name] for help or advice on your facility's needs for technical assistance?

- a. None, [Insert QIO name] always initiated contact
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Biannually
- f. Annually
- g. Not sure/Do not know

Q2C. [Asked if Q2B = 'b' or 'c', or 'd' or 'e', or 'f'] In the last 12 months, when you or your facility initiated contact with [Insert QIO name], what did your facility need help with? [OPEN ENDED]

Satisfaction

Q3. In the last 12 months, how satisfied were you with your relationship with [Insert QIO name] overall?

a	Very satisfied
b	Somewhat satisfied
c	Neither satisfied nor dissatisfied
d	Somewhat dissatisfied
e	Very dissatisfied
f	Not sure/Do not know

Overall Quality Improvement Priorities

Q4. Please indicate if your facility has changed processes or protocols with the aim of improving care delivery for Medicare patients in the following areas in the last 12 months.

	a. Yes	b. No	c. Not Sure/ Do not Know
(4-1) Increasing vaccination rates for influenza			
(4-2) Increasing vaccination rates for Pneumococcal pneumonia			
(4-3) Increasing rates for other routine vaccines (e.g., tetanus and diphtheria (Td), tetanus, diphtheria and acellular pertussis (Tdap), zoster)			
(4-4) Providing Type 2 diabetes screening and management			
(4-5) Providing hypertension management			
(4-6) Evaluating for chronic kidney disease			
(4-7) Increasing rates of Annual Wellness Visits			
(4-8) Assessing for falls risk and providing care plans			
(4-9) Screening for depression and suicide and providing follow-up plans			
(4-10) Screening for unhealthy alcohol use and providing counseling			
(4-11) Providing appropriate treatment for chronic pain			
(4-12) Managing care coordination to avoid hospital 30-day readmissions or ACSC ED visits			
(4-13) Planning to prevent drug shortages or other supply chain issues			
(4-14) Participating in the Advancing healthcare quality through technology initiative (AHQT)			
(4-15) Improving cybersecurity			
(4-16) Other (specify): [Open-ended]			

Q4A. [Asked if any Q4-1 to Q4-16 = No] With regard to the care topics that your facility have not addressed, namely [Insert responses selected ‘no’ above], which of these statements best describe the reasons why your facility didn’t change any processes or protocols? [Select all that apply]

- a. Our processes and protocols were already effective.
- b. Other goals were of higher priority to our facility.
- c. We did not have the resources needed to make changes.
- d. We were not aware of best practices for quality improvement.
- e. Other (specify): [Open-ended]
- f. Not sure/Do not know
- g. Prefer not to answer

Perception of Helpfulness

Q5. In the last 12 months, how helpful was [Insert QIO name] in improving the quality of care provided to your facility’s Medicare patients in the following areas?

[Randomized Quality of Care Areas 5-1 to 5-12, keep 5-16 and 5-17 always on the bottom]

[Allow only one response]

	a. Extremely Helpful	b. Somewhat Helpful	c. Neutral	d. Not Very Helpful	e. Not at All Helpful	f. Did Not Work with [QIO name] on This Topic	g. Not Sure/ Do Not Know
(5-1) Increasing vaccination rates for Influenza							
(5-2) Increasing vaccination rates for Pneumococcal pneumonia							
(5-3) Increasing rates for other routine vaccines (e.g., tetanus and diphtheria (Td), tetanus, diphtheria and acellular pertussis (Tdap), zoster)							
(5-4) Providing Type 2 diabetes screening and management							

	a. Extremely Helpful	b. Somewhat Helpful	c. Neutral	d. Not Very Helpful	e. Not at All Helpful	f. Did Not Work with [QIO name] on This Topic	g. Not Sure/ Do Not Know
(5-5) Providing hypertension management							
(5-6) Evaluating for chronic kidney disease							
(5-7) Increasing rates of Annual Wellness Visits							
(5-8) Assessing for falls risk and providing care plans							
(5-9) Screening for depression and suicide and providing follow-up plans							
(5-10) Screening for unhealthy alcohol use and providing counseling							
(5-11) Providing appropriate treatment for chronic pain							
(5-12) Managing care coordination to avoid hospital 30-day readmissions or ACSC ED visits)							
(5-13) Planning to prevent drug shortages or other supply chain issues							

	a. Extremely Helpful	b. Somewhat Helpful	c. Neutral	d. Not Very Helpful	e. Not at All Helpful	f. Did Not Work with [QIO name] on This Topic	g. Not Sure/ Do Not Know
(5-14) Participating in Advancing Healthcare Quality through Technology Initiative (AHQT)							
(5-15) Improving cybersecurity							
(5-16) [Insert from response Q5-16 Other (specify)]							
(5-17) Other (specify) [Open- ended]							

Q5A. [Asked if any Q5-1 to Q5-17 = ‘c’, ‘d’ or ‘e’] Can you suggest how [Insert QIO name] could improve its support to your facility? [Open ended]

Technical Assistance and Quality Improvement Support

Q6. Please indicate your level of agreement or disagreement with the following statements regarding the support provided by [Insert QIO name].

	a. Strongly Agree	b. Agree	c. Neutral	d. Disagree	e. Strongly Disagree	f. Not Sure/ Do Not Know
(6-1) [QIO name] helped my facility identify and prioritize opportunities for improving quality of care.						
(6-2) [QIO name] support reduced administrative burden on my facility.						
(6-3) Technical assistance provided by [QIO name] was tailored to the needs of my facility.						
(6-4) [QIO name] support helped my facility adopt or enhance the use of Electronic Health Records (EHRs).						

	a. Strongly Agree	b. Agree	c. Neutral	d. Disagree	e. Strongly Disagree	f. Not Sure/ Do Not Know
(6-5) [QIO name] support helped my facility adopt or enhance the use of telehealth.						
(6-6) [QIO name] support helped my facility adopt or enhance the use of Artificial Intelligence (AI).						

Data Usage and Reporting

Q7. Please indicate your level of agreement or disagreement with the following statements regarding the data usage and reporting provided by [Insert QIO name].

	a. Strongly Agree	b. Agree	c. Neutral	d. Disagree	e. Strongly Disagree	f. Not Sure/ Do Not Know
(7-1) [QIO name] helped my facility comply with CMS data reporting requirements.						
(7-1) [QIO name] provided data resources (e.g., reports, briefs, technical guidance) that were helpful in guiding quality improvement efforts.						

Q8. Please indicate your level of agreement or disagreement with the following statements regarding the quality improvements that were attributable to the CMS QIN-QIO Program support.

	a. Strongly Agree	b. Agree	c. Neutral	d. Disagree	e. Strongly Disagree	f. Not Sure/ Do Not Know
(8-1) [QIO name]'s support enhanced our confidence in improving quality improvement efforts and/or healthcare delivery.						
(8-2) [QIO name]'s support helped maintain and build new partnerships and relationships with community, federal, and other healthcare advocates.						

QIO Communications

Q9. Please indicate your level of agreement or disagreement with the following statements regarding communication with [Insert QIO name].

	a.	b.	c.	d.	e.	f.
	Strongly	Agree	Neutral	Disagree	Strongly	Not
	Agree				Disagree	sure/ Do Not Know
(9-1) [QIO name] communicated clearly and consistently with our organization.						
(9-2) [QIO name] customized modes of communication (e.g., email, phone, in-person) to satisfy our facility needs.						

Your responses have been received. Thank you for your time and for completing the survey.