

Collaborative Care Research Network

In association with the AAFP National Research Network

Practice Demographics Questionnaire

Instructions: The questions found within this survey ask for information about your practice. Most questions can be answered by checking or circling the response that corresponds to your answer. Other items ask you to fill in the blank spaces provided for your answer. This questionnaire should be completed only once for all CCRN members in your practice.

If you have questions about particular survey items, please contact Mindy Spano, Research Network Coordinator, at [REDACTED] or by email at [REDACTED]

After completing this survey, please fax it to the attention of Mindy Spano at [REDACTED] or e-mail to [REDACTED] -Thank You!

Name of Practice:

Location of Practice:

Section I - Information about Your Practice

1. Practice Type (if you practice in more than one location, please select the practice type where you see most of your patients (your primary practice site)): *(practype)*

- ₁ Solo practice
- ₂ Two-person partnership
- ₃ Family practice group
- ₄ Military practice (e.g. VA, Air Force)
- ₅ Multi-specialty group
- ₆ Federally Qualified Health Center
- ₇ Community Health Center
- ₈ Community Mental Health
- ₉ Substance Abuse Treatment Program
- ₁₀ Academic practice (Residency program, faculty practice)
- ₁₁ Other (please specify) *(pracoth)*

2. Who is the *majority* owner of your primary practice? *(pracown)*

- ₁ Self
- ₂ Medical group practice (single- or multi-specialty)
- ₃ Hospital or health system
- ₄ Managed care organization
- ₅ Federal, state or local government, community board, etc.
- ₆ Other (please specify) *(ownoth)*

3. Is your practice a family practice/family medicine residency program?

(fpresid)

₁ YES ₂ NO

4. Please select the category that best describes the *population size* of the community in which your primary practice is located:

- ₁ Less than 2500 people
₂ 2500 to 19,999 people
₃ 20,000 to 249,999 people
₄ 250,000 to 999,999 people
₅ Greater than or equal to 1,000,000 people

5. Do you consider your primary practice location to be:

- ₁ Inner city of urban area
₂ Urban (not inner city)
₃ Suburban
₄ Rural

Please indicate number in each category at your primary practice site:

6. Physicians:

- a. Family Physicians:
b. Internists:
c. Pediatricians:
d. OB/GYN:
e. Other Specialists:

7. Nurse practitioners

(NP)

8. Physician assistants

(PA)

9. Nursing staff (RN and LPN)

(RNLPN)

10. Medical assistants

(MA)

11. Allied health staff (lab, x-ray, EKG tech, physical therapy, occupational therapy)

(allied)

12. Administrative staff

(admstaff)

13. Psychologists

(psych)

14. Social workers

15. Marriage and Family Therapist

16. Licensed Mental/Substance abuse counselor

17. Care/case manager
(social)
18. Dieticians (diet)
19. Patient educators (pteduc)
20. Do you have a business/practice manager? ₁ YES ₂ NO (busmgr)

Section II-Practice Population Characteristics (based on all active charts):

You may want your office manager to complete items 36-69. If your practice site is part of a multisite group practice, please respond for your practice site only.

21. Approximate number of ambulatory patient visits for all clinicians in your practice in an average week (include all practice sites) (practct)
22. Source of estimates (e.g. EMR, billing data, best guess) (source1)

Patient gender (total should equal 100%):

23. Male % (ptgendm)
24. Female % (ptgendf)
25. Source of estimates (e.g. EMR, billing data, best guess) (source2)

Patient age (total should equal 100%):

26. Under 3 years % (under3)
27. 3-17 years % (age3_17)
28. 18-24 years % (age18_24)
29. 25-44 years % (age25_44)
30. 45-64 years % (age45_64)
31. 65-74 years % (age65_74)
32. 75 years & older % (over75)
33. Source of estimates (e.g. EMR, billing data, best guess) (source3)
34. Can your billing system produce an age-gender distribution of **all** patients seen in the past year?

₃ Mental health/behavioral health located away from the building where your practice is located.

53. If mental health/behavioral health provider is located within your practice, choose the model you believe to offer – please refer to definitions below to determine which model is most consistent:

₁ Coordinated Care Model - Behavioral health and primary care providers practice separately within their respective systems. Information regarding mutual patients may be exchanged as-needed, and collaboration is limited outside of the initial referral

₂ Integrated Care Model - Tightly integrated, on-site teamwork with unified care plan. Often connotes close organizational integration as well, perhaps involving social and other services.

₃ Care Management Model - Specific type of service which is often disease specific (e.g. depression, congestive heart failure) whereby a behavioral health clinician provides assessment, intervention, care facilitation, and follow up.

₄ Other (please specify)

54. Where do a majority of your patients go for psychotropic/psychiatric medications?

₁ Nowhere, all medications prescribed on site

₂ Outpatient specialty mental health

₃ Inpatient specialty mental health

₄ Other (please specify)

Section III - Electronic Medical Records/Electronic Data Gathering Capabilities

55. Do you use Electronic Medical Records in your practice? ₁ YES ₂ NO (EMR)

56. If **YES**, what is the name of your software: (EMRname)

57. If **YES**, are mental health/behavioral health records integrated: ₁ YES ₂ NO

58. If **YES**, is a computer program used to protect the records: ₁ YES ₂ NO

59. If **YES**, what is the name of the computer software/program:

60. If no, any plans to integrate an EMR in the next year? ₁ YES ₂ NO

61. Is your practice connected to the Internet? ₁ YES ₂ NO (internet)

If **YES**, what method does your practice use for Internet access? (intmeth)

₁ Dial-up (modem)

₂ DSL

₃ T-1 line (or better)

₄ Other (please specify) (intother)

62. Do **you** use the Internet in your practice? ₁ YES ₂ NO (intuse)

63. If available, would you use the Internet to collect and/or submit research study data (using a secure server) to the AAFP network office? ₁ YES ₂ NO (*intres*)
64. Do you have access to E-mail at your practice site? ₁ YES ₂ NO (*email*)
65. If you use E-mail in your practice, do you use it to communicate with your patients? ₁ YES ₂ NO
If **YES**, for which purposes? (check **all** that apply) (*emailwhy*)
- ₁ Answering patients' questions
 - ₂ Follow up screening
 - ₃ Follow up consultation
 - ₄ Scheduling appointments
 - ₅ Other (please specify)
66. If you use E-mail in your practice, do you use it to communicate with other providers? ₁ YES ₂ NO
If **YES**, for which purposes? (check **all** that apply)
- ₁ Patient follow up
 - ₂ Communicating screener results
 - ₃ Follow up consultation
 - ₄ Scheduling joint appointments
 - ₅ Other (please specify)
67. Please indicate where your practice falls on the following continuum: (*contin*)
(Please read all of these before checking the one that **best fits** your practice style.)
- ₁ Paper charts – handwritten. Separate mental health billing system.
 - ₂ Paper charts – dictation/transcription. Separate mental health billing system.
 - ₃ Paper charts with dictation/transcription plus desktop computers for word processing and faxing needs, plus separate mental health billing system.
 - ₄ Paper charts with dictation/transcription plus desktop computers for word processing, faxing, E-mail and Internet access, plus separate mental health billing system.
 - ₅ Desktop computers for word processing, faxing, E-mail and Internet access. Computerized voice dictation to be printed and filed in the paper chart. Separate mental health billing system.
 - ₆ Electronic medical records software for mental health/behavioral health notes. Used in conjunction with paper charts for filing consultation notes, process notes, screening results, etc. Separate mental health billing system.
 - ₇ Electronic medical records software for mental health/behavioral health notes. Used in conjunction with paper charts for filing consultation notes, process notes, screening results, etc. plus scanning all documents into the computer and storing by patient numbers or SSN
 - ₈ Electronic medical records with compatible billing system (mental health/behavioral health and medical combined). Billing software improves coding and risk management. Distribute patient education materials provided by outside sources.
 - ₉ Electronic medical records with compatible billing system. Scan in consultation notes, process notes, screening results, etc. Incorporates a patient education module to print out personalized patient education materials (e.g. action plans, psychoeducational materials). A paperless office. No paper charts. No dictation or transcription costs.

Thank you for completing this survey.