Introduction

Thank you for your participation in HMSA’s Payment Transformation Program.

The Payment Transformation Annual Provider Survey allows HMSA to collect valuable feedback from PCPs about the Payment Transformation program and your Physician Organization (PO). Completion of the survey is part of each PO’s Performance Measure set.

After the survey closes, HMSA will share a report with PO leaders that contains aggregated, de-identified responses. Each PO will receive a report on its own PCPs only.

Directions: Please answer all questions completely and thoroughly. Do not include patient-identifying information such as names, birthdates, addresses, etc.

1. Each PCP must submit a survey. Only ONE survey to be completed per PCP.

2. Complete the entire survey. An incomplete survey will affect your PO’s performance.

3. The deadline for completing the assessment is December 31, 2019.

4. The survey must be completed and submitted online.

Your responses to the questions are saved when you click the Next or Done button on each page of the survey. Responses are not automatically saved as each question is answered—they are saved and submitted page by page as you progress through the survey. If you need to stop and return to finish the survey at a later time, please be sure to complete all of the questions on the page you are currently on.
## Contact Information

1. Primary Care Provider (PCP) Last Name

2. PCP First Name

3. PCP’s HMSA Provider Number

4. PCP Phone Number (XXX-XXX-XXXX)

5. PCP E-mail Address

6. PO Affiliation [Select one from the following]
   - I am a solo practitioner
   - Small practice (2 to 4 PCPs)
   - Medium practice (5 to 10 PCPs)
   - Large practice (more than 10 PCPs)

7. How many primary care providers (PCPs) are in your practice?
* 8. Please indicate the name of the Certified Electronic Health Record Technology (CEHRT) platform that your practice uses.

- Epic HPH
- Epic Queens
- Cerner
- Elation
- Allscripts
- eClinicalWorks
- NextGen
- Athena
- Doctor Chrono
- I currently am not utilizing an EHR.
- Other:

9. If you do not use a CEHRT platform, please explain why.

10. Please indicate which practice management system your practice uses.

- ConnxtMD
- Akamai PM
- EPIC
- Athena
- I currently am not utilizing a practice management system.
- Other:
Practice Assessment: Use of Coreo

* 11. Who is the primary user of Coreo in your office?
   - Yourself (PCP)
   - Medical Assistant
   - Care Coordinator
   - Nurse
   - Office/Practice Manager
   - Other (please specify)

* 12. Select the functions that you or your office staff primarily perform when using Coreo. [Select all that apply]
   - Pre-visit planning (e.g. identifying care gaps)
   - Care coordination
   - Post-visit planning
   - Assessing and improving quality performance
   - Reviewing and monitoring attributed HMSA members
   - Reviewing and monitoring recent hospitalization activity
   - Other (please specify)
* 13. Of the patients for whom you facilitate care coordination, how frequently do you engage with other members of the care team (e.g., to share progress notes, discuss test results, develop treatment plan, etc.)?

- Once a week
- Once a month
- Once every 3 months
- Once a year
- Other (please specify frequency)
* 14. Which of the following social determinants do you collect from your patients? [Select all that apply]

- Race/Ethnicity
- Annual household income
- Highest level of education completed
- Preferred language
- Religion
- Housing status/insecurity
- Food insecurity
- Access to transportation
- Health literacy
- Exposure to intimate partner/domestic violence
- Financial insecurity
- Access to childcare/other caregiving needs
- My office doesn't collect this kind of information from my patients
- Other data collected (please specify)
* 15. Which of the following activities does your practice utilize? [Select all that apply]

- Leverage office staff to address patient concerns and care gaps
- Maintain availability for same-day appointments
- Offer extended hours of operation (before 8am or after 5pm)
- Offer weekend appointments

* 16. On average, how often do you utilize the following communication methods [Select one recurrence per column]

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Annually</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth/Online Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Telephone</td>
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<tr>
<td>E-mail</td>
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<td>Text Message</td>
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<td>Secure Portal</td>
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<tr>
<td>Mailings (letters / postcards)</td>
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</tr>
</tbody>
</table>

Other (please specify)

* 17. In particular, how do you engage with your patients who have not had an in-person visit in the past year? [Select all that apply]

- Telehealth/Online Care
- Telephone
- Email
- Text Message
- Secure Portal
- Mailings (letters/postcards)
- Other (please specify)
18. How quickly are you able to meet with a new patient after they request an appointment to see you?

- 24 hours or less
- Within a couple of weeks
- Within a month
- Between 2 to 3 months
- More than 3 months
- N/A I'm not accepting new patients
- Other (please specify the time frame)

19. How quickly can an existing patient see you for care needed right away?

- Within 12 hours
- Within 13-24 hours
- 25-48 hours
- More than 48 hours
- Other (please specify the time frame)

20. For each type of visit below, please indicate the average number of patient visits you see each day?

[Check one per column]

<table>
<thead>
<tr>
<th></th>
<th>Less than 1</th>
<th>1 to 2</th>
<th>3 to 4</th>
<th>5 to 6</th>
<th>7 to 10</th>
<th>More than 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient</td>
<td></td>
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<tr>
<td>Preventative Care</td>
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<tr>
<td>Sick Visits</td>
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<tr>
<td>Chronic Condition</td>
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<tr>
<td>Management</td>
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<tr>
<td>Complex Care Needs</td>
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</tbody>
</table>
* 21. Based on the categories below please indicate, on average, how much time you spend for each type of visit [Check one per column]

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>Less than 10 minutes</th>
<th>10-14 minutes</th>
<th>15-19 minutes</th>
<th>20-24 minutes</th>
<th>25 minutes or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative Care Patient Visits</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick Visits</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Condition Management Patients</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Care Needs Patient Visits</td>
<td></td>
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</table>
Payment Transformation Annual Provider Survey 2019

Infrastructure & Support

In the following question, “Care Coordination Support” means PO care coordinator availability, or help implementing a care coordination process for your practice.

* 22. How would you respond to the following statement “My PO enables me to provide high quality care in Payment Transformation by providing.....”

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Training</td>
<td></td>
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<tr>
<td>Care Coordination</td>
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<tr>
<td>Support</td>
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</tr>
</tbody>
</table>
**Payment Transformation Annual Provider Survey 2019**

**Provider Satisfaction**

* 23. Please indicate how strongly you agree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> I am satisfied with the amount of time I spend with each of my patients.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>b)</strong> I am satisfied with my career as a PCP.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>c)</strong> I feel empowered to deliver high-quality care to my patients.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>d)</strong> I feel empowered to deliver cost-effective care to my patients</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td><strong>e)</strong> Overall, I am pleased with my work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>f)</strong> Overall, I am satisfied in my current practice.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>g)</strong> My work schedule leaves me enough time for my family life.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>h)</strong> My current work situation is a major source of frustration in my life.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</table>

24. If you answered strongly agree or agree to Question 23(h), what is/are the cause(s) of major frustration in your practice?


* 25. Overall, my sentiment toward the HMSA Payment Transformation program is:
   - Extremely happy
   - Somewhat happy
   - Neutral
   - Somewhat unhappy
   - Extremely unhappy

* 26. Compared to before Payment Transformation, under Payment Transformation the personalized time I have to spend with an individual patient has:
   - Significantly increased
   - Slightly increased
   - Remained the same
   - Slightly decreased
   - Significantly decreased

* 27. From a financial standpoint, compared to before Payment Transformation, under Payment Transformation my practice is:
   - Significantly stronger
   - Slightly stronger
   - About the same
   - Slightly weaker
   - Significantly weaker