

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**Health Site/Managed Care Survey  
for Cardiovascular Disease Prevention and Care**

Please place an 'X' in the appropriate box to respond to each question. Some questions may have multiple responses, and you are asked to 'X' all responses that apply to your practice. *Cardiovascular disease* refers to coronary artery, cerebrovascular, and peripheral vascular diseases.

**A. HEALTH SITE SETTING**

1. Please describe your clinical health site setting:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Community Health Center  | <input type="checkbox"/> 4 Solo practitioner       |
| <input type="checkbox"/> 2 Hospital-based ambulatory clinic                                 | <input type="checkbox"/> 5 Other (describe): _____ |
| <input type="checkbox"/> 3 Multi-physician group practice<br>outside of a hospital facility |  |

2. Please indicate the types of providers that make up your health site group: ('X' all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Family Medicine/Primary Care physicians | <input type="checkbox"/> 7 Registered Nurses  |
| <input type="checkbox"/> 2 Cardiologists                           | <input type="checkbox"/> 8 Registered Dietitians  |
| <input type="checkbox"/> 3 Pediatricians                           | <input type="checkbox"/> 9 Tobacco Control Specialists                                    |
| <input type="checkbox"/> 4 Obstetricians/gynecologists             | <input type="checkbox"/> 10 Exercise Specialists  |
| <input type="checkbox"/> 5 Nurse Practitioners                     | <input type="checkbox"/> 11 Health Educators (specify for what<br>chronic disease): _____ |
| <input type="checkbox"/> 6 Physician Assistants                    |   |

Other types of providers in your group: \_\_\_\_\_

3. How many physicians are in your practice? \_\_\_\_\_

4. What is the average patient load for your practice site **per day**?

- |  |   |
|--|---|
| <input type="checkbox"/> 1 1 to 10 patients  | <input type="checkbox"/> 4 51 to 100 patients |
| <input type="checkbox"/> 2 11 to 25 patients | <input type="checkbox"/> 5 Over 100 patients  |
| <input type="checkbox"/> 3 26 to 50 patients |   |

5. In what zip code is your health site located? (We use the zip code to analyze the survey results by region.)

Zip code: \_\_\_\_\_

6. What is your title?

- 1 Medical Director     2 Practice Manager     3 Other (please describe below)

Other title: \_\_\_\_\_

**B. CLINICAL SYSTEMS AND POLICIES**

7. Does your health site have a formal clinical pathway or system for implementing cardiovascular disease prevention strategies?

- 1  Yes                      2  No                      3  Don't know

8. If you answered "yes" to question 7, please specify source of the evidence-based guidelines you use for cardiovascular disease prevention. 'X' all that apply.

- 1  American Heart Association  
 2  Institutional (please specify, e.g. HMO or health plan): \_\_\_\_\_  
 3  Other (please specify): \_\_\_\_\_  
 4  Don't know

9. Is there a mechanism or system for providers to access a list of available preventative health benefits offered by an individual's insurance plan (e.g. gym memberships, smoking cessation programs, weight loss groups) to refer a patient for these services at the time of patient visit?

- 1  Yes                      2  No                      3  Don't know

10. Is there a mechanism or system for providers to access a list of available publicly supported preventive health benefits (e.g. community center programs, smoking cessation programs, etc.)?

- 1  Yes                      2  No                      3  Don't know

**C. CLINICAL SYSTEMS FOR CARDIOVASCULAR PREVENTION**

11. Does your health site have a defined process or system of prompts to remind providers to include each of the following as part of cardiovascular disease prevention?

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Physical activity assessment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical activity counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nutrition assessment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Weight management assessment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nutrition counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Weight management counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tobacco prevention/cessation assessment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Tobacco prevention/cessation counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lipid profile screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Lipid counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hypertension screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Hypertension counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Diabetes screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Diabetes management counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you answered "yes" to any of the above in Question 11, please specify the system(s) that are utilized: ('X' all that apply):

- 1  Chart stickers/flags  
 2  Computer-automated reminder  
 3  Chart-based disease flowsheets/checklists  
 4  Chart-based physical examination forms  
 5  Other (please describe: \_\_\_\_\_)

13. What do you perceive as the top 3 barriers to providing preventative cardiovascular health counseling to patients at your health site? ('X' the top 3 barriers.)

- 1  Lack of time during patient-provider encounters
- 2  Lack of non-clinical providers available for counseling
- 3  Lack of provider knowledge/competence about counseling
- 4  Patient disinterest
- 5  Lack of patient compliance
- 6  Insufficient or lack of reimbursement for counseling activities
- 7  Other (please specify): \_\_\_\_\_

14. Does your health site have a system or policy to automatically assess/screen adult patients (without CVD) over 20 years old for risk of cardiovascular disease which includes all of the following screenings:

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Blood pressure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Total cholesterol .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. HDL cholesterol .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Does your health site have a system or policy to automatically inform patients of their 10-year risk for developing cardiovascular disease?

- 1  Yes                      2  No                      3  Don't know

16. Does your health site have a policy to provide or refer patients identified as being at-risk for cardiovascular disease to specialized services (e.g. health club, fitness class, weight loss clinic, Weight Watchers or weight loss groups, registered dietitian, tobacco cessation program, behavior therapy, support groups, lipid clinic, diabetes clinic, etc)?

- 1  Yes                      2  No                      3  Don't know

17. If yes, please 'X' the most commonly utilized specialty programs:

**Available on-site clinics/clinicians:**

- 1  Fitness class
- 2  Cardiac rehabilitation class
- 3  Cardiac risk reduction class
- 4  Physical therapist
- 5  Weight loss group
- 6  Registered dietitian
- 7  Tobacco cessation/prevention counselor
- 8  Lipid clinic
- 9  Diabetes clinic
- 10  Behavior therapy
- 11  Other: \_\_\_\_\_

**Referral to off-site medical programs/clinics:**

- 16  Fitness class
- 17  Cardiac rehabilitation class
- 18  Physical therapist
- 19  Registered dietitian
- 20  Tobacco cessation/prevention counselor
- 21  Lipid clinic
- 22  Diabetes clinic
- 23  Behavior therapy
- 24  Other: \_\_\_\_\_

**Referral to off-site non-medical programs/clinics:**

- 12  Health club
- 13  Weight loss group
- 14  Tobacco cessation group
- 15  Other: \_\_\_\_\_

18. Once a patient is identified as having unhealthy cardiovascular behaviors (current smoker, lack of physical activity, poor nutrition/obese), does your health site have a system in place to follow-up on the individual's behavior change?

- Yes                     
  No                     
  Don't know

19. If yes, please specify the system: ('X' all that apply)

- Chart stickers/flags
- Computer-automated reminder to the patient's provider
- Office-generated letter to the patient encouraging cessation
- Office-generated letter to the patient describing available cessation resources
- Office-based follow-up system (please describe):

Other (please specify): \_\_\_\_\_

**D. TRAINING & ASSESSMENT SYSTEMS**

20. Do primary care providers (physician, physician's assistant and nurse practitioner) at your health site receive training on how to assess and counsel patients for the following:

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition for cardiovascular health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Weight management for cardiovascular health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tobacco prevention/cessation counseling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. If you answered "yes" to any of the above please indicate:

a. What form of training is used?

- CMEs
- Grand rounds
- Pharmaceutical sponsored conferences
- Other (please describe):

b. Which providers receive training:

- Physicians
- Physician's assistants
- Nurse practitioners
- Nurses
- Other (please describe):

c. Do any of the above training activities include cultural competency components?

- Yes                     
  No                     
  Don't know

22. Does your health site monitor or measure whether providers deliver the following types of counseling services?

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition for cardiovascular health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Weight management for cardiovascular health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tobacco prevention/cessation counseling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. If you answered "yes" to any of the above in Question #22, please indicate which methods of evaluation are used: ('X' all that apply)

- 1  Selected chart review
- 2  Directly surveying patients
- 3  Directly surveying providers
- 4  Computerized tracking system
- 5  Electronic medical record system
- 6  Peer review
- 7  Other (please specify): \_\_\_\_\_

**E. PATIENT EDUCATION**

24. Does your health site have health educational materials (classes, videos, printed materials) available for the following topics?

	Yes	No	Don't Know
a. Physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition for cardiovascular health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Weight management for cardiovascular health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tobacco prevention/cessation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Healthy cholesterol levels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Does your health site have a system in place to continuously assess and monitor patients' knowledge of the following:

	Yes	No	Don't Know
a. Healthy nutrition behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition practices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appropriate physical activity recommendations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical activity practices/patterns .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tobacco use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. If you answered yes to any of the above in Question #25, how is this done? ('X' all that apply)

- 1  Provider evaluation during clinical encounters/office visits
- 2  Patient survey filled out in the waiting room
- 3  Mailed patient survey
- 4  Other: \_\_\_\_\_

**F. SECONDARY PREVENTION SERVICES**

27. Does your health site have a defined process (e.g. registry or database) to identify all patients with known:

	Yes	No	Don't Know
a. Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hyperlipidemia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cardiovascular disease*.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Cardiovascular disease refers to coronary artery, cerebrovascular, and peripheral vascular disease

28. If you answered yes to any of the above in Question #27, is there a system to ensure that this process is used by providers or other clinicians on a regular basis?

- 1  Yes
- 2  No
- 3  Don't know

29. Does your health site have a policy to automatically refer all patients with known chronic disease (e.g. hypertension, hyperlipidemia, morbid obesity, heart disease, past MI, past stroke, diabetes) to specialized services for secondary prevention of cardiovascular disease? (e.g. lipid clinic, diabetes clinic, cardiac rehabilitation, health club, fitness class, weight loss clinic, Weight Watchers, nutritionist, tobacco cessation program, behavior therapy, support groups, etc)?

1  Yes                      2  No                      3  Don't know

30. If yes, please 'X' the most commonly utilized specialty programs:

**Available on-site clinics/clinicians:**

- 1  Fitness class
- 2  Cardiac rehabilitation class
- 3  Physical therapist
- 4  Weight loss group
- 5  Registered dietitian
- 6  Tobacco cessation/prevention counselor
- 7  Lipid clinic
- 8  Diabetes clinic
- 10  Other: \_\_\_\_\_

**Referral to off-site medical programs/clinics:**

- 15  Fitness class
- 16  Cardiac rehabilitation class
- 17  Physical therapist
- 18  Registered dietitian
- 19  Tobacco cessation counselor
- 20  Lipid clinic
- 21  Diabetes clinic
- 22  Behavior therapy
- 23  Other: \_\_\_\_\_

**Referral to off-site non-medical programs/clinics:**

- 11  Health club
- 12  Weight loss group
- 13  Tobacco cessation group
- 14  Other: \_\_\_\_\_

31. At your health care site, are there policies in place for transitioning patients following an acute event from the hospital to outpatient setting?

1  Yes                      2  No                      3  Don't know

32. If yes:

a. Do your patients leave the hospital with complete, clear instructions?

1  Yes                      2  No                      3  Don't know

b. Is there a follow-up appointment made (at the appropriate interval) before discharge?

1  Yes                      2  No                      3  Don't know

c. Do patients have easy access to phone support for the interim?

1  Yes                      2  No                      3  Don't know

33. Does your health site have an automatic system to apply American Heart Association (or equivalent) guidelines to patients after discharge from the hospital for an acute event such as heart attack or stroke?

1  Yes                      2  No                      3  Don't know

34. If you answered yes to Question #33, what type of system(s) does your health site use? (Please 'X' all that apply)

- 1  Pre-printed orders
- 2  Clinical care pathway
- 3  Computer reminder system for providers
- 4  Designated case manager/coordinator meets with patient or reviews chart
- 5  Provider reminder forms attached to the patient's medical chart
- 6  Other: \_\_\_\_\_

35. Does your health site have a quality assurance system to insure that patients with identified cardiovascular disease are being appropriately followed and medicated according to the American Heart Association (or equivalent) guidelines (e.g. on appropriate medications, physical activity, etc.)?

- 1  Yes                      2  No                      3  Don't know

36. If yes, what type of system(s) does your health site use? (Please 'X' all that apply):

- 1  Pre-printed orders
- 2  Clinical care pathway
- 3  Computer reminder system for providers
- 4  Designated case manager/coordinator meets with patient or reviews chart
- 5  Designated pharmacist meets with patient or reviews chart
- 6  Provider reminder forms attached to the patient's medical chart
- 7  Other: \_\_\_\_\_

**G. REIMBURSEMENT**

37. Does your health site have a system of reimbursement for the following clinical services? (If yes, please 'X' all that apply)

- 1  Physical activity counseling
- 2  Nutrition counseling
- 3  Tobacco cessation counseling
- 4  Hypertension management
- 5  Lipid screening or management
- 6  Don't know

Thank you very much for participating in this study. Please return your questionnaire in the postage-paid envelope provided to:

**Ulrich Research Services, Inc.**  
1329-A Kingsley Avenue  
Orange Park, Florida 32073  
Phone (904) 264-3282  
Fax (904) 264-5582