

START Adolescent Health Project

This survey is being used to understand your practice and ways we can meet your needs. There is no right answer. We are using the information provided to identify the best ways we can support you in this project. If you don't know an answer, give your best guess. If a question does not seem applicable to you, leave the answer blank.

All responses on this survey are CONFIDENTIAL. PLEASE DO NOT WRITE YOUR NAME ON THIS SURVEY.

General Questions about You and Your Practice

1. What is your role in this practice? (CHECK ALL THAT APPLY)

MD/ DO	Nurse Practitioner	Physician Assistant	MA/ CNA	Nurse	Care Coordinator	Administrator Specify: _____	Other Specify: _____
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

2. Which practice are you from?

Practice/ SBHC 1	Practice/ SBHC 2	Other (please specify):
1 <input type="checkbox"/>	2 <input type="checkbox"/>	

3. What you most excited to learn about today?

Substance Abuse

The next set of questions are about substance abuse in adolescents.

4. In your estimation, what percentage of your adolescent patient population experiences substance abuse?

<10%	11-20%	21-30%	31-40%	>40%
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5. Please state how much you agree with the following statements¹:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Discussing substance abuse with my adolescent patients could prevent future health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Talking with an adolescent patient about alcohol/drug use is unlikely to make a difference in his/her substance use behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Treatment for substance abuse/dependence is effective	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The age of first alcohol use is correlated with lifetime alcohol dependency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

6. How strongly do you agree or disagree that the following are barriers to you identifying, treating and referring your adolescent patients with substance abuse?^{1, 2}

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Lack of training in identifying adolescents at risk for substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Unfamiliarity with applicable screening instruments for substance abuse in the context of well-child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Unfamiliarity with scoring applicable screening instruments for substance abuse in the context of well-child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Lack of confidence in my ability to diagnose substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Lack of training in the treatment of children/adolescents with substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Lack of knowledge about providers in the community to refer for adolescent substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Lack of competent/qualified providers to refer adolescents with substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Long waiting periods to see the adolescents referred for substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. How strongly do you agree or disagree that the following are **barriers** to you identifying, treating and referring your adolescent patients with substance abuse? ^{1, 2}

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Inadequate reimbursement for conducting screening during a routine well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Inadequate reimbursement for treating substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Unfamiliarity with CPT codes that reimburse for treating substance abuse in adolescents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

8. How strongly do you agree or disagree that the following are **barriers** to you identifying, treating and referring your adolescent patients with substance abuse? ^{1, 2}

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Time limitations during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Concern that discussing substance abuse with my adolescent patients will damage my rapport with these patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Concern that the parents of adolescent patients will be offended if they learn that I suggested a substance abuse referral for their adolescent child ³	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Concern about protecting the confidentiality of my adolescent patients ³	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next questions ask about referrals for adolescents experiencing substance abuse:

9. When you refer a pediatric patient for substance abuse, **how often does the following occur?** ⁴

	Never	Rarely	Sometimes	Often	Always
a. You receive a report back from the provider/ organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The report back you receive contains all relevant health information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The information you receive is timely; that is, it is available when needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Depression

The next set of questions are about depression in adolescents.

10. In your estimation, what percentage of your adolescent patient population experiences depression?

<10%	11-20%	21-30%	31-40%	>40%
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

11. Please state **how much you agree** with the following statements ^{1, 2}

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Discussing depression with my adolescent patients could prevent future health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Talking with an adolescent patient about depression is unlikely to make a difference in the severity of their depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Treatment for depression is effective	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. About half of cases of major depression are missed when screening is performed <i>without</i> using a validated tool	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next questions ask about barriers to identifying, treating, and referring for depression.

12. How strongly do you agree or disagree that the following are **barriers** to you identifying, treating and referring your adolescent patients with **depression**?^{1, 2}

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Lack of training in identifying adolescents at risk for depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Unfamiliarity with applicable screening instruments for depression in the context of well-child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Unfamiliarity with scoring applicable screening instruments for depression in the context of well-child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Lack of confidence in my ability to diagnose depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Lack of training in the treatment of children/adolescents with depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Lack of knowledge about providers in the community to refer for adolescent depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Lack of competent/qualified providers to refer adolescents with depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Long waiting periods to see the adolescents referred for depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

13. How strongly do you agree or disagree that the following are **barriers** to you identifying, treating and referring your adolescent patients with **depression**?^{1, 2}

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Inadequate reimbursement for conducting screening during a routine well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Inadequate reimbursement for treating depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Unfamiliarity with CPT codes that reimburse for treating depression in adolescents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

14. How strongly do you agree or disagree that the following are **barriers** to you identifying, treating and referring adolescent patients with **depression**?^{1, 2}

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Time limitations during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Concern that discussing depression with my adolescent patients will damage my rapport with these patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Concern that the parents of adolescent patients will be offended if they learn that I suggested a referral for depression for their adolescent child ³	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Concern about protecting the confidentiality of my adolescent patients ³	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next questions ask about referrals for adolescents experiencing depression.

15. When you refer a pediatric patient for depression, **how often does the following occur**?⁴

	Never	Rarely	Sometimes	Often	Always
a. You receive a report back for the provider/ organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The report back you receive contains all relevant health information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The information you receive is timely, that is it is available when needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Your Practice

These last questions are about your practice in general.

16. Please indicate **your level of agreement** with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Leadership strongly supports practice change efforts. ⁴	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Leadership demands or requires practice change efforts. ⁴	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. It is hard to get things to change in our practice. ⁴	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. It's hard to make any changes in our practice / team because we are so busy seeing patients. ⁵	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. The primary care providers in our practice / team very frequently feel overwhelmed by work demands. ⁵	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. The staff members in our practice / team very frequently feel overwhelmed by work demands. ⁵	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. People in our practice actively seek new ways to improve how we do things. ⁵	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. My practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas ⁶	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Patient care is coordinated well among physicians, nurses, and clinic staff within our practice ⁷	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

17. Using your own definition of "burnout", please **check ONE** of the following:⁸

- I enjoy my work. I have no symptoms of burnout. 1
- Occasionally I'm under stress at work, but I don't feel burned out. 2
- I have one or more symptoms of burnout, such as physical or emotional exhaustion. 3
- The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot. 4
- I feel completely burned out and often wonder if I can go on. 5

Thank you for your participation!!

¹ SBIRT Attitudes and Behaviors Survey.

² American Academy of Pediatrics, Periodic Survey #59, 2005.

³ JCHD Provider Survey: Chlamydia screening (adapted);

<http://www.prevent.org/data/files/ncc/jackson%20county%20provider%20survey.pdf>

⁴ 2009 International Survey of Primary Doctors

⁵ Ohman-Strickland, P.A. et al. (2007) Measuring Organizational Attributes of Primary Care Practices: Development of a New Instrument. *Health Research and Educational Trust*, 43: 1257-1273

⁶ The Commonwealth Fund and the University of Chicago. Provider Experience Survey.

⁷ University of Chicago's Provider Experience Survey

⁸ Rohland, B.M. (2004). Validation of a single-item measure of burnout against the Maslach Burnout Inventory among physicians. *Stress and Health*, 20:75-79.