



**Enhancing Child Health in Oregon (ECHO) Learning Collaborative: November 5, 2011**

**Pre-Survey**

*As part of the ECHO Learning Collaborative, we want to gauge how your practice is doing with implementing the changes embodied in the concepts of Medical Home for pediatric patients. We also want to make sure that we design this Learning Collaborative in way that meets your needs. Please take a few minutes to fill out this survey for us. If you don't know an answer, give your best guess.*

**1. General Questions About You and Your Practice**

**What is your role in this practice?**

<b>MD/DO</b>	<b>Nurse Practitioner</b>	<b>Physician Assistant</b>	<b>Nurse/CNA</b>	<b>Care Coordinator</b>	<b>Administrator:</b> Specify: _____	<b>Other:</b> 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"/>

**Which practice are you from?**

<b>Family Medical Group NE</b>	<b>Woodburn Pediatrics</b>	<b>Hillsboro Pediatrics</b>	<b>The Children's Clinic</b>	<b>Siskiyou Pediatrics</b>	<b>Eastern Oregon Medical Associates</b>	<b>Winding Waters</b>	<b>Children's Health Associated of Salem</b>
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. Questions about the Concept of Medical Home**

How familiar / knowledgeable are you about the concept of a medical home as defined by the **American Academy of Pediatrics?**

No knowledge of concepts	Some knowledge/Not applied	Knowledgeable/ Concepts sometimes applied in practice	Knowledgeable/ Concepts regularly applied in practice
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

How familiar / knowledgeable are you about the concept of medical home as defined by the **Oregon Patient-Centered Primary Care Home Standards?**

No knowledge of concepts	Some knowledge/Not applied	Knowledgeable/ Concepts sometimes applied in practice	Knowledgeable/ Concepts regularly applied in practice
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

What do you think are the **biggest barriers to providing medical home services to children and youth** in your practice? (**CHECK ALL THAT APPLY**)

- <sup>1</sup>  Lack of knowledge of what constitutes a “medical home services
- <sup>2</sup>  Lack of knowledge of activities / processes that would be practical to implement in my practice
- <sup>3</sup>  Lack of funding for hiring care coordinators or conducting other practice activities
- <sup>4</sup>  Poor reimbursement for medical home services by health plans
- <sup>5</sup>  Competing priorities that make medical home transformation less important
- <sup>6</sup>  The culture within my practice does not support innovation / applying new ideas
- <sup>7</sup>  Other : Please describe

### 3. Questions about Your Practice and Current Processes

Please indicate your level of agreement with the following statements:

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
The staff and clinicians in our practice function together as a “real team”.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Leadership strongly supports practice change efforts.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
It is hard to get things to change in our practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
It’s hard to make any changes in our practice / team because we are so busy seeing patients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The providers in our practice / team very frequently feel overwhelmed by work demands.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The staff members in our practice / team very frequently feel overwhelmed by work demands.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
People in our practice actively seek new ways to improve how we do things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I can rely on other people in our practice to do their jobs well.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Our practice develops good relationships with families	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Our practice has a good system for identifying pediatric patients at high-risk for poor outcomes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**4. Please rate the following in your practice (check one):**

	Poor	Fair	Good	Very Good	Excellent
a. Overall quality of clinical care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Child and youth health outcomes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Patient satisfaction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Staff morale	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**5. Using your own definition of "burnout", please check one:**

<sup>1</sup>  I enjoy my work. I have no symptoms of burnout.

<sup>2</sup>  Occasionally I'm under stress at work, but I don't feel burned out.

<sup>3</sup>  I have one or more symptoms of burnout, such as physical or emotional exhaustion.

<sup>4</sup>  The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.

<sup>5</sup>  I feel completely burned out and often wonder if I can go on.

**Thank you for completing this survey!**

