



**SCHOOL OF PUBLIC HEALTH**  
UNIVERSITY *of* WASHINGTON

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# **Clinic Characteristics Questionnaire**

Magnuson Health Sciences Center • 1959 NE Pacific St • Box 357660, Room H660C  
University of Washington • Seattle, WA 98195-7660

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This questionnaire asks about the characteristics, structures, and processes of quality of care programs in this clinic in **2009**. For the purposes of this questionnaire, **we define “clinic” as the physical practice site where care is delivered, not the parent organization of which it is a part.**

## Clinic Organization & Management

If you are unable to give exact answers for any of the questions, please respond with your best estimate.

**1. What best describes the ownership of this clinic (exclusive of clinic facilities and equipment) in 2009? Mark ONE box.**

- Owned by physicians
- Jointly owned by the group practice physicians and a hospital
- Owned by a hospital or hospital system
- Owned by a foundation or a not-for-profit organization
- Other (*please specify*):\_\_\_\_\_

**2. What were the total numbers of the following clinical professionals (full-time equivalents or FTEs) at this clinic in 2009?**

	Total Number of FTEs
<b>a. Primary care physicians (MD/DO):</b>	
i. Family practice	
ii. General practice	
iii. General internal medicine	
iv. Pediatricians	
<b>b. Specialist physicians (MD/DO):</b>	
i. Surgical specialists	
ii. Medical specialists	
iii. OB/GYN	
<b>c. Nurse practitioners</b>	
<b>d. Physician assistants</b>	
<b>e. Nurses (RNs, LPNs)</b>	

3. In **2009**, what total FTE (full-time equivalent) was devoted to quality management by each of the following individuals in this clinic? Please answer with your best approximation of FTE. If the position is not responsible for QI, enter '0'.

Position	Total FTE
a. Medical director(s)	_____
b. Quality improvement manager(s)	_____
c. Other (e.g. physician champions; managers of special projects). <i>Please specify:</i>	_____

## Clinic Revenue

**Reimbursement mix:**

4. About what percentage of this clinic's total gross revenue was reimbursed by the following methods in **2009**? *Please be sure the columns add up to 100%.*

Method	Percent of Revenue, 2009
Fee for service	_____ %
Episode of care-based payment	_____ %
Capitation-based:	
Primary care capitation	_____ %
Professional capitation	_____ %
Global capitation	
Other ( <i>Please specify below</i> ):	
_____	_____ %
_____	_____ %
<b>TOTAL</b>	<b>100%</b>

5. About what percentage of this clinic's total gross revenue came from the following sources in 2009? Please make sure the columns add up to 100%.

Source	Percent of Revenue, 2009
Private or commercial health plans	_____ %
Medicare	_____ %
Medicaid or Basic Health Plan	_____ %
Direct payment by patients	_____ %
Workman's compensation/ Labor & Industries	_____ %
Other (Please specify below):	
_____	_____ %
_____	_____ %
<b>TOTAL</b>	<b>100%</b>

6. In 2009 what was the maximum potential percentage of gross practice revenue that could have been earned from all health plan and public program incentive payments for clinical quality? If no incentive payments could have been earned, write "0".

\_\_\_\_\_ Percent of gross revenue

7. In 2009 what was the maximum potential percentage of gross practice revenue that could have been earned from all health plan and public program incentive payments for "shared cost savings"? If no incentive payments could have been earned, write "0".

\_\_\_\_\_ Percent of gross revenue

8. In 2009, did the clinic receive payment for:

	Yes	No
a. Non-face to face patient visits (e.g. phone, email)	<input type="checkbox"/>	<input type="checkbox"/>
b. Larger panel size	<input type="checkbox"/>	<input type="checkbox"/>

**9. There are non-monetary incentives (e.g., public reporting, clinic awards, recognition) for:**

	Yes	No
a. Efficiency	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality	<input type="checkbox"/>	<input type="checkbox"/>

## Individual Physician Compensation

**10. Please estimate to the nearest 5%, for this clinic as a whole, the percentage that each compensation method contributed to individual primary care physicians' (PCPs) compensation in 2009. "Established" physicians are defined as those who have served in your clinic for at least two years. Please make sure columns add up to 100%.**

<b>Compensation Method</b>	<b>Established PCPs</b>
a. Productivity-based (e.g., FFS)	_____%
b. Guaranteed salary	_____%
c. Equal share of physician compensation pool	_____%
d. Individual incentive compensation based on:	_____%
<b><i>Circle applicable response for each category below:</i></b>	
1. Individual physician's own performance in reducing costs of care	Yes/ No
2. Clinic-wide performance in reducing costs of care	Yes/ No
3. Individual's quality performance	Yes/ No
4. Clinic's quality performance	Yes/ No
<b>Total Compensation</b>	<b>100%</b>

## Electronic information

11. Do you currently use electronic patient medical records throughout your clinic?

Yes  No

12. Do you currently use any of the following technologies at your clinic?

	Yes, Used Routinely	Yes, Used Occasionally	No
a. Electronic access to clinical notes, including medical history and follow-up notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electronic ordering of laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic access to patients' laboratory test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Electronic prescribing of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Electronic list of all medications taken by a patient (including those prescribed by other providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic alerts or prompts about a potential problem with drug dose or drug interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Clinic is notified electronically (e.g., fax, email, text-message) when patients are admitted to or discharged from hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Information about patients is shared by a care team through a common electronic medical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. With the patient medical records system you currently have, how easy would it be for the staff in your clinic to generate the following information about the majority of your patients? Is the process computerized?

	Easy/Difficult				Is it computerized?	
	Easy	Somewhat Difficult	Difficult	Cannot Generate	Yes, Computerized	No
a. List of patients by diagnosis (e.g., diabetes or hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. List of panel of patients by provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How often, if ever, are the following tasks performed at your clinic? Is this process computerized?

	Frequency				Is it computerized?	
	Usually	Sometimes	Rarely	Never	Yes, Computerized	No
a. Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or HbA1C for diabetic patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provider receives an alert/prompt at point of care for appropriate care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

needed by patients (e.g., pap smear, or immunization due)						
c. Laboratory tests ordered are tracked until results reach clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Patient Care Practices

**15. We have a formal process for involving patients in making healthcare decisions:**

Yes  No

**16. When there is more than one treatment choice:**

	Yes/No		If yes, how often are they used?			
	Yes	No	Usually	Sometimes	Rarely	Never
We use brochures, videos, or other media to help inform patients about their treatment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. How often do you think your patients experience the following at your clinic?**

	Usually	Sometimes	Rarely	Never
a. Patients in this clinic have a single PCP whom they see the majority of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patients are able to receive a same or next-day appointment when they request one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patients can get telephone advice on clinical issues during office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patients can get telephone advice on clinical issues on weekends or after regular office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Patients can email providers about clinical issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. How often, if ever, are the following services available at your clinic for communicating with patients who do not speak English?**

	Usually	Sometimes	Rarely	Never
a. Bilingual clinical staff who provides translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bilingual non-clinical staff (e.g., front desk staff) who translate for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trained interpreters available onsite within the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Telephone lines to access off-site interpreters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for your help.*

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**Please use the enclosed postage paid envelope to return this questionnaire to:**

Patient-Centered Care Practices Project  
c/o Douglas Conrad, PhD  
University of Washington  
Department of Health Services  
Box 357660  
Seattle, Washington 98195-7660

**If you have any questions, please contact the Project Manager, Miriam Marcus Smith ([mms23@u.washington.edu](mailto:mms23@u.washington.edu)), or the Principal Investigator, Douglas Conrad, PhD (206-616-2923 or [dconrad@u.washington.edu](mailto:dconrad@u.washington.edu)).**

Please note that we cannot guarantee the confidentiality of information sent by e-mail.