

## Practice Survey

Please complete the following survey which is designed to collect information about your practice for the FAST study. We suggest you designate an Office Manager and Lead Clinician to complete sections 1 and 2. We strongly encourage you to consult with others in your practice (e.g., Medical Director, Billing Manager) to obtain accurate information to complete this survey.

### SECTION 1: General Information

1. **Practice name :**
2. **Practice Zip code:**
3. **Date survey was completed: \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)**
4. **Please indicate others in the practice that you consulted with to complete this survey? (CHECK ALL THAT APPLY)**
  - Clinician (MD, DO, NP, PA)
  - Behavioral health clinician (e.g., psychologist, counselor, social worker, licensed clinical social worker, licensed mental health counselor, chemical dependence and addiction counselor)
  - Other clinical staff providing direct patient care (e.g., RN, LPN/LVN, medical assistant, certified medical assistant, medical technician)
  - Office manager
  - Front/back office staff (those in practice operations and not directly involved in patient care, e.g., receptionists, appointment schedulers, billing staff, data analysts, etc.)
  - Peer provider (e.g., certified peer specialist, peer support specialist, peer recovery coaches)
  - Pharmacist (e.g., PharmD, clinical pharmacist, pharmacy technician)
  - Other (please specify: \_\_\_\_\_)
5. **Please provide the number of practice members and their combined FTE for each of the following type of staff:**

	<b>Number of Practice Members</b>	<b>Combined FTE</b>
<b>Primary Care Clinicians</b> <i>(MD, DO, NP, PA)</i>	_____	_____
<b>Psychiatrists</b>	_____	_____
<b>Behavioral Health Clinicians</b> <i>(psychologists, counselors, social workers, licensed clinical social workers, licensed mental health counselors, chemical dependence and addiction counselors)</i>	_____	_____

6. **Please provide the number of practice members for each of the following type of staff:**

	<b>Number of Practice Members</b>
<b>Nursing Staff</b> (RN, LPN/LVN, medical assistant, certified medical assistant, medical technician)	
<b>Front Office Staff</b> (those in practice operations, not directly involved in patient care, such as receptionists, schedulers, billing staff, data analysts, etc.)	
<b>Peer Providers</b> (certified peer specialist, peer support specialist, recovery coach)	
<b>PharmD, Clinical Pharmacist, Pharmacy Technician</b>	
<b>Other</b>	

7. **Please estimate the total number of patient visits over a typical week at your practice.**

# Visits per week : \_\_\_\_\_

8. **On average, how many patients does a full-time clinician in your practice see on a typical day?**

Average # patients seen: \_\_\_\_\_

9. **Do clinicians from your practice provide inpatient care when patients from the practice are admitted to the hospital?**

- a. Yes, clinicians provide inpatient care.
- b. No. Clinicians visit patients in hospital but do not provide inpatient care.
- c. No. Hospital-based staff provides all care for inpatients.

10. **Please provide the percentage of your patients in the following categories. If you don't collect this information, please provide your best estimate.**

(SHOULD ADD TO 100%)

\_\_\_\_\_ White

\_\_\_\_\_ Black/African American

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Some Other Race/Mixed Race

\_\_\_\_\_ Unknown

\_\_\_\_\_ Our practice does not collect this information from patients

**11. Please provide the percentage of your patients in the following categories. If you don't collect this information, please provide your best estimate.**

(SHOULD ADD TO 100%)

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Non-Hispanic or non-Latino
- \_\_\_\_\_ Percent Unknown
- \_\_\_\_\_ Our practice does not collect this information from patients

**12. Please provide the percentage of your patients in the following age categories:**

(SHOULD ADD TO 100%)

- \_\_\_\_\_ 0-17
- \_\_\_\_\_ 18-39
- \_\_\_\_\_ 40-59
- \_\_\_\_\_ 60-75
- \_\_\_\_\_ 76 and over
- \_\_\_\_\_ Don't know

**13. Please give the percentage of your patients who are male and female:**

(SHOULD ADD TO 100%)

- \_\_\_\_\_ Male
- \_\_\_\_\_ Female
- \_\_\_\_\_ Non-binary/gender nonconforming, gender fluid
- \_\_\_\_\_ Prefer not to self-describe
- \_\_\_\_\_ Our practice does not collect this information from patients

**14. How did you obtain answers to questions 11-14?**

- \_\_\_\_\_ EHR query/extract
- \_\_\_\_\_ Manual count
- \_\_\_\_\_ Best estimate or informed approximation

**15. Has your practice been designated as a medically underserved area (MUA) or medically underserved population (MUP) by the Health Resources and Service Administration (HRSA)?**

- Yes
- No

**16. Please indicate the categories of patients for which your practice uses a registry or receives reports that identify services due, gaps in care, or track progress:**

(CHECK ALL THAT APPLY)

- Alcohol use disorder

- Opioid use disorder
- Ischemic vascular disease
- Hypertension
- High cholesterol
- Diabetes
- Prevention services
- High risk (high utilization) patients
- We do not use registries or receive such reports [If no registries used, SKIP to #26]

**17. Can your practice registry be configured to add new conditions?**

- Yes
- No

**We are interested in how your practice team members learn. The next questions ask about team training in this practice.**

**18. In the past two years, has your practice had any formal training designed to improve the way your team works together, such as good communication, role clarity, respectful relationships, mutual trust, inclusivity, or shared goals?**

- I don't know (skip to 18)
- NO (skip to 18)
- YES, if yes...

a. How was the training done?

- With the entire practice
- With a smaller team within the practice
- With individuals instead of as a group

b. Do you remember the name of the training, trainer, or subject?

- NO
- YES... PLEASE SPECIFY \_\_\_\_\_

**Think about times when everyone in your practice had to learn something new which affected everyone in the practice to some degree. Examples might include implementing new care guidelines, learning a new EHR system, implementing a new policy or protocol, or substantially changing the patient flow through your practice.**

**19. When everyone in your practice has to learn something new, how often do you use the following training approaches?**

- a. We train everyone together as a whole practice team
  - Always or almost always
  - Sometimes
  - Rarely or never
- b. We train together in smaller teams

- Always or almost always
  - Sometimes
  - Rarely or never
- c. We train everyone individually
- Always or almost always
  - Sometimes
  - Rarely or never

***Thank you for taking the time to complete this survey.***