Organization Characteristics Survey for ICICE Contact

Statement of Confidentiality

Completion of this survey is voluntary. You may choose to fill out this survey or not. You may skip any question that you do not want to answer. Please understand that your answers are completely private and confidential. Your responses will be available to researchers on the Improving Chronic Illness Care Evaluation for the purposes of aggregate analysis only.

Benefit to You and Your Organization

By completing this survey you will be contributing to your organization’s efforts to improve the quality of care for your patients.

If you have any questions or want to know more about this study, please call Will Nicholas at 1-888-838-3075. PLEASE RETURN THIS SURVEY DIRECTLY TO RAND IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. THANK YOU VERY MUCH FOR YOUR TIME AND PARTICIPATION.

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INSTRUCTIONS

Before completing this survey, please read it through to become familiar with the questions. Complete those questions for which you have the information and ask other people in your organization (possibly from human resources, finance, or clinical settings) for answers to any remaining questions.

GENERAL BACKGROUND AND SIZE INFORMATION

1. What is the legal organizational form of your organization?

Not-for-Profit (501C(3)) [ ] 9/
Other Not-for-Profit (includes public and district hospitals) [ ]
For-Profit [ ] 10–29/
Other (please indicate) [ ] ________________________

2. At present, how large is your organization in regard to:

a) # of FTE employees: ______________ 30–34/
b) # of physicians and other health professionals who are affiliated with your organization, but not employed by it: ______________ 35–39/
c) Annual operating budget: $______________ (for the most recent fiscal year ending ________________). 40–49/
d) For Hospitals: For the most recent fiscal year ending ________________:
   1) How many staffed beds are there in your hospital? ____________ 62–67/
   2) What is the average occupancy rate? ______________ 68–70/
   3) Are you a member of a health system or network? Yes ____ No ____ 71/
e) For Health Plan: For the most recent fiscal year ending ________________:
   1) How many enrollees are there in your plan? ____________ 74–80/
   2) For Physician Group: For the most recent fiscal year ending ________________:
      1) How many physicians are in your group practice? ____________ 11–14/
      2) What was the total # of patient visits for the most recent fiscal year? ____________. 15–20/
FINANCIAL INFORMATION  (Your organization’s financial office may be the best source for this information).

3.  Payment Sources
   
a)  What percentage of your patient revenue comes from each of the following sources:

   Medicare  _____%  21-23/
   Medicaid  _____%  24-26/
   Commercial  _____%  27-29/
   Self-pay  _____%  30-32/

   Total =  100%

   b)  Approximately how many different insurance plans do you have contacts with?  
       ______  33-37/

   c)  How many different insurance plans account for 50% of your business?  For example, for some organizations, 3 plans account for 50% of their business.  For others it might take 10 or more plans.  How many is it for your organization?  
       ______  38-40/

   d)  Does your organization own an insurance plan that provides coverage for people other than your own employees?  
       Yes [  ]  41/
       No  [  ]  42-44/

       If YES:  What percentage of the organization’s patients revenue comes from this plan?  _____%  42-44/

4.  Revenue Sources
   
a)  What percentage of the operating revenues of your organization are Medicare revenue under DRGs?  _____%  45-47/

   b)  Capitation is defined as the pre-determined lump sum payment to care for patients regardless of how many or how few services they may need.  Given this definition, what percentage of the operating revenues of your organization come from capitated payment (not including DRGs)?  _____%  48-50/
5. For your most recent fiscal year, please check the box below that best reflects your organization’s financial situation.

   a) Operating expenses exceeded operating revenue by > 25%       □  51/
   b) Operating expenses exceeded operating revenue by > 11-24%   □  52/
   c) Operating expenses exceeded operating revenue by > 1-10%    □  53/
   d) Broke even                                                  □  54/
   e) Operating revenue exceeded operating expenses by > 1-10%   □  55/
   f) Operating revenue exceeded operating expenses by > 11-24%  □  56/
   g) Operating revenue exceeded operating expenses by > 25%     □  57/

HUMAN RESOURCES INFORMATION (Your organization’s human resources office may be the best source for this information.)

6. Performance Appraisal and Rewards

   a) What percentage of nurses and other hospital staff are paid by:  What percentage of physicians associated with your organization are paid by:

      1) straight salary only? ______%  ______% 58-63/
      2) salary and bonus related to incentive? ______%  ______% 64-69/
      3) gain sharing program? ______%  ______% 70-75/
      4) other? (please fill in) ______%  ______% 76-81/

      TOTAL 100% 100%

   b) Do any staff receive any additional pay for helping to achieve predetermined service quality, patient care quality, or outcome of care objectives?

      Yes [    ] 9/
      No [     ]

      If YES: Approximately what percentage receive such pay? ______% 10-12/
c) Do any staff receive any additional pay for saving costs?

Yes [ ]
No [ ]
If YES: Approximately what percentage receive such pay? _____%

13/

14–16/

d) Do any staff receive any non-financial rewards for helping to achieve predetermined service quality, patient care quality or outcomes of care objectives?

Yes [ ]
No [ ]
If YES: please briefly describe ______________________________________
_______________________________________________________________

17/

20–49/

e) Do any employees receive any non-financial rewards for saving costs?

Yes [ ]
No [ ]
If YES: please briefly describe ______________________________________
_______________________________________________________________

50/

51–80/

f) What percentage of employees’ pay is based on their individual performance vs. group/team performance?

1) individual performance _____%  
2) group/team performance _____%  
TOTAL = 100%

9–11/

12–14/

g) How frequently is employee performance formally reviewed?

1) once a year _____
2) twice a year _____  
3) quarterly _____
4) monthly _____
5) other _____ (Please specify: ___________________________).

15/

16–35/
h) **360 degree performance review** is defined as a system of reviewing employee performance using input from one's superiors, peers, and subordinates and synthesizing this input to develop a constructive plan for employee growth and development? Using the definition, does your organization use 360 degree performance appraisal?

Yes [ ]

No [ ]

7. Have any professional staff been laid off in the past two years to the present due to financial reasons?

Yes [ ]

No [ ]

If YES: Approximately how many people? ____________

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**CHRONIC CARE DELIVERY AT CLINIC/PRACTICE LEVEL:** (You or someone in your clinic or practice may be best able to address these questions.)

8. Are you able to use an information system to systematically identify all patients with a specific chronic disease?

a) by name: Yes [ ] No [ ]

b) with contact information: Yes [ ] No [ ]

9. Is your information system able to systematically provide reminders for services to patients or feedback on performance?

a) Feedback and reminders for populations: Yes [ ] No [ ]

b) Feedback and reminders for individual patients: Yes [ ] No [ ]

c) Provider feedback: Yes [ ] No [ ]

10. Has someone been assigned the job of:

a) Reviewing the registry? Yes [ ] No [ ]

b) Calling the patient? Yes [ ] No [ ]

c) Providing on-going self-management support? Yes [ ] No [ ]

d) Follow-up on patient status, self-management? Yes [ ] No [ ]
11. Can the appointment system be used to schedule pro-active follow-up visits?
   Yes [ ]
   No [ ]

12. Are evidence-based guidelines used as the basis for clinical improvement?
   Yes [ ]
   No [ ]

13. Does your organization use proven provider behavior change methods to implement guidelines and integrate them into provisions of care?
   Yes [ ]
   No [ ]

14. How do primary care clinicians and specialists communicate/collaborate? (Please choose one.)
   _____ primarily through traditional referral or
   _____ with a designated specialist team working closely with primary care clinicians to improve their care

15. Does your organization communicate to all providers that they are expected to document patients’ self-management goals and plans?
   Yes [ ]
   No [ ]

16. Do you routinely make available the following option for self-management support?
   a) Referrals to self-management classes or educators? Yes [ ] No [ ]
   b) Services to promote specific behavior, e.g., smoking cessation services, exercise classes? Yes [ ] No [ ]
17. Have you set up links with identified community resources? If yes, please specify the links:

a) Community weight loss programs  
   Yes [ ]  No [ ]  
   If yes, specify: _______________________________________________  

b) Exercise programs  
   Yes [ ]  No [ ]  
   If yes, specify: _______________________________________________  

c) Support groups  
   Yes [ ]  No [ ]  
   If yes, specify: _______________________________________________  

d) Internet links  
   Yes [ ]  No [ ]  
   If yes, specify: _______________________________________________  

e) ADA/Lion’s club/elderly day centers or other resources for people with financial barriers to getting eye or foot exams  
   Yes [ ]  No [ ]  
   If yes, specify: _______________________________________________  

f) Community podiatry services  
   Yes [ ]  No [ ]  
   If yes, specify: _______________________________________________  

g) Health department  
   Yes [ ]  No [ ]  
   If yes, specify: _______________________________________________  

18. Does your organization have a designated staff person or resource responsible for ensuring providers and patients make maximum use of community resources?  
   Yes [ ]  No [ ]  

19. Do senior leaders encourage improvement efforts in chronic care?  
   Yes [ ]  No [ ]
20. Do senior leaders visibly participate in improvement efforts in chronic care?
   Yes [ ]
   No [ ]

21. Does the organization practice/facilitate options such as group visits, phone visits, or meeting multiple patient needs in single visits?
   Yes [ ]
   No [ ]

22. Does your organization initiate follow-up by phone and visit in accordance with guidelines?
   Yes [ ]
   No [ ]

23. Are patients informed about guidelines that affect their illness?
   Yes [ ]
   No [ ]

24. Are patients’ self-management goals and plans assessed in a standardized manner?
   Yes [ ]
   No [ ]

25. Does your organization provide options for peer support, such as groups or mentoring programs?
   Yes [ ]
   No [ ]

26. Are family concerns included in care planning?
   Yes [ ]
   No [ ]
27. Does your organization make available a list of identified community resources in an accessible format?

Yes [ ]

No [ ]

Along with this questionnaire, could you please provide a copy of each of the following:

- your organization’s mission/vision statement,
- annual report,
- summary of your strategic plan, and
- most recent accreditation report.

As with everything else associated with the study, this information will be treated as confidential.

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN THIS SURVEY TO RAND IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.