

# TRIAD Clinician Survey



## TRIAD

Translating Research Into Action for Diabetes

**So that we can describe the types of doctors whose patients are participating in the TRIAD study, we would like to know a little about you.**

**1.** What is your main specialty? (*Please check one or fill in the blank*)

- 1  Family Practice  
 2  General Practice  
 3  General Internal Medicine  
 4  Endocrinology  
 5  Other Internal Medicine (please specify) \_\_\_\_\_

6  Other specialty, not Internal Medicine (please specify) \_\_\_\_\_

**2.** What year did you finish your internship? (*Please fill in the blanks*)

\_\_ \_\_ \_\_ \_\_

**3.** What sex are you?

- 1  Female  
 2  Male

**4.** What are the month and year of your birth?

Month \_\_ \_\_ (August would be 08)

Year 1 9 \_\_ \_\_

**5.** What is your best guess as to the total number of patients with type 2 diabetes for whom you provide diabetes care?

- 1  Less than 5 patients  
 2  5-10 patients  
 3  11-20 patients  
 4  21-50 patients  
 5  51-100 patients  
 6  More than 100 patients

**6a.** What percent of your patients do not speak English as their primary language?

\_\_ \_\_ \_\_ %

*(if zero, skip to question 7)*

**6b.** What percent of your patients speak Spanish as their primary language?

\_\_ \_\_ \_\_ %

*(if zero, skip to question 7)*

**6c.** Are you fluent in Spanish?

- 1  Yes  
 2  No

*(if yes, skip to question 7)*

**6d.** If not, are paid translators readily available to you?

- 1  Yes  
 2  No

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The following questions ask you if various services are available to you, to help in managing your patients with diabetes.

The next few items are about *diabetes registries and databases*. These are systems designed to track the care that persons with diabetes receive. *These include flow sheets and computerized databases.*

- 7a.** Is any diabetes registry/database available to you?
- 1  Yes  
2  No (*skip to question 8*)  
3  Don't know (*skip to question 8*)

- 7b.** Is any of the *registry/database* information available to you at the time of the patient visit?
- 1  Yes  
2  No  
3  Don't know

- 7c.** How are you notified about the information in the database/registry?
- Yes No**
- Flag for the medical records of all diabetic patients
- Diabetes-specific flow sheets for individual patients (flow sheets list the dates of diabetes-specific service provided for each patient)
- Individualized alerts for the medical records on the day of a visit
- Master list of patients with needed services identified
- Other (please specify) \_\_\_\_\_
- \_\_\_\_\_

- 7d.** What clinical information is captured by the *registry/database*?
- Yes No Don't Know**
- A1C results
- Lipid Results
- Microalbumin results
- Blood pressure
- Dilated eye exam performed
- Foot exam performed
- Date of last referral to DM-related physician specialist
- Influenza vaccines with appropriate indications
- Smoking cessation counseling performed
- Insulin use
- Oral agent use
- Referrals to mental health providers
- Monofilament test
- Aspirin use

- 7e.** How long has the *registry/database* been in place?
- \_\_\_ \_\_\_ years \_\_\_ \_\_\_ months
- 1  Don't know

- 7f.** Approximately what percent of your diabetic patients are captured by the *registry/database*?
- \_\_\_ \_\_\_ \_\_\_ %
- 1  Don't know

- 7g.** Are patients grouped according to risk or status of complications in the *registry/database*? (for example, whether or not they have hypertension)
- 1  Yes  
2  No  
3  Don't know

The next few items are about services to help patients manage their diabetes.

**8a.** Are the following services available to help your patients manage their diabetes, and if so, how often do you refer to each of these services for each patient?

	1 Not Available	2 Never Refer	3 Rarely Refer	4 Sometimes Refer	5 Often Refer	6 Always Refer	7 Don't Know
Group diabetes education classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes disease management program A diabetes disease management program is a program that identifies most or all persons with diabetes, monitors their quality of care, and provides risk-level specific interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual diabetes counseling by:							
Medical assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.P.N.s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.N.s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dieticians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes case managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8b.** Are any of the diabetes counselors Certified Diabetes Educators?

- 1  Yes
- 2  No
- 3  Not available
- 4  Don't know

**8c.** Do your patients with diabetes receive *reminders*? (Patient reminders are information that is directly sent to the patient indicating the care they need and/or appointment dates)

- 1  Yes
- 2  No (*skip to question 9.*)
- 3  Don't know (*skip to question 9.*)

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**8d.** Are these *reminders automated*?

- 1  Yes
- 2  No (*skip to question 9.*)
- 3  Don't know (*skip to question 9.*)

**8e.** What items are included in the *patient reminders*:

*Yes No Don't Know*

- Reminder for an upcoming clinic appointment already made
- Reminder to schedule a clinic appointment
- A1C due
- Lipid screen due
- Dilated eye exam due
- Kidney test due
- Flu shot due
- Foot exam due

**The next few items ask about restrictions placed on the use of services.**

**9a.** Are you subject to any of the following restrictions, reviews, or recommendations to help control costs for non-emergent care for any of your patients with diabetes? ***Please check all that apply***

*Yes No Don't Know*

Mandatory pre-authorization from a utilization management office for a referral to specialists

Mandatory pre-authorization from a utilization management office for a medical procedure or operation

*Yes No Don't Know*

Practice profiling of primary care physicians' referral patterns

Pre-approval from primary care doctor for referral to specialists

Formal, written guidelines on referrals

Retrospective review of referral appropriateness

Pre-existing limit on total number of outpatient visits per year

Other methods, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9b.** What percent of your patients with diabetes do you refer to an endocrinologist each year? ***Please check one:***

- 1  0-10%
- 2  11-25%
- 3  26-50%
- 4  51-75%
- 5  76-100%

The next few items ask about treatment goals and probability of success in achieving these goals.

**10a.** Imagine you have a 52 year-old man with diabetes without complications. What would be your treatment goal for each of the following? *Please fill in the blanks.*

**10b.** What are the treatment goals for the typical diabetes patient whom *you* see in *your* practice? *Please fill in the blanks.*

**10c.** For each goal, what percent of the diabetic patients in *your actual* practice could achieve each goal. *Please fill in the blanks.*

Systolic blood pressure ___ mmHg	Systolic blood pressure ___ mmHg	___ %
Diastolic blood pressure ___ mmHg	Diastolic blood pressure ___ mmHg	___ %
LDL cholesterol ___ mg/dl	LDL cholesterol ___ mg/dl	___ %
Retinal exam at least every ___ months	Retinal exam at least every ___ months	___ %
Urine protein screening at least every ___ months	Urine protein screening at least every ___ months	___ %
Monofilament foot exam at least every ___ months	Monofilament foot exam at least every ___ months	___ %
HbA1c ___ . ___ %	HbA1c ___ . ___ %	___ %

**11a.** Please check the one statement that best describes how, in general, you would PREFER to make decisions about treatment for your patients' diabetes.

- 1 I prefer to make decisions regarding treatment based on my medical judgment.
- 2 I prefer to make the final decision about treatment, but seriously consider the patient's opinion.
- 3 I prefer to share responsibility with patients for deciding which treatment is best for them.

- 4 I prefer for patients to make final selection of treatment after seriously considering my opinion.
- 5 I prefer patients to make the final selection about treatment with little input from me.

- 11b.** Please check the one statement that best describes how you currently make diabetes treatment decisions with MOST of your patients with diabetes.
- 1  Patients usually leave the decision to me.
  - 2  I make the final decision about appropriate treatments, but seriously consider patients' opinions.
  - 3  I share responsibility with patients for deciding which treatment is best for them.
  - 4  Patients make the final decision about treatment after seriously considering my opinion.
  - 5  Patients make the final selection about which treatment to follow with minimal input from me.

- 12.** Are you of Hispanic or Latino origin?
- 1  Yes
  - 2  No

- 13.** What is your race? *(please check all that apply)*
- American Indian or Alaska Native
  - Asian (or East) Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Native Hawaiian
  - Pacific Islander
  - Black or African American
  - Arab-American
  - White
  - Other (please specify)  
\_\_\_\_\_

- 14a.** As a primary care physician, what percent of your total compensation is based on salary as opposed to productivity or fee-for-service? *(fill in the blank)*
- \_\_ \_\_ \_\_ %
- 1  Don't know

- 14b.** Among the specialists you refer to, what percent of their total compensation is based on salary as opposed to productivity or fee-for-service? *(fill in the blank)*
- \_\_ \_\_ \_\_ %
- 1  Don't know

- 15.** Which of these services do you get paid to perform and/or interpret on a fee-for-service basis?
- | <i>Yes</i>               | <i>No</i>                |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Electrocardiograms     |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac stress testing |
| <input type="checkbox"/> | <input type="checkbox"/> | Echocardiograms        |
| <input type="checkbox"/> | <input type="checkbox"/> | X-rays                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Ultrasounds            |
| <input type="checkbox"/> | <input type="checkbox"/> | Urine microalbumin     |
| <input type="checkbox"/> | <input type="checkbox"/> | Pap smears             |
| <input type="checkbox"/> | <input type="checkbox"/> | Venipuncture           |
| <input type="checkbox"/> | <input type="checkbox"/> | Mammograms             |
| <input type="checkbox"/> | <input type="checkbox"/> | HbA1C                  |
| <input type="checkbox"/> | <input type="checkbox"/> | DEXA scans             |