### TRIAD Provider Group and Health Plan Survey

**Appendix Figure. Translating Research into Action for Diabetes (TRIAD) Physician Group Survey.**

*This document contains only the relevant items needed to calculate the main predictors described in this paper.*

1. Does your medical group (MG)/independent practice association (IPA) use algorithms or clinical guidelines? (If No, skip to Question 2)
   - Yes □ No □

1a. If you answered Yes to Question 1, do you use guidelines for the following diseases, and if so, what percent of your providers use these guidelines? Give your best estimate.

   - Diabetes mellitus □
   - Post-myocardial infarction □
   - Acute myocardial ischemia □
   - Chronic myocardial ischemia □
   - Cholesterol management □
   - Depression □
   - Hypertension □
   - Smoking cessation □
   - Adult preventive care □
   - Prenatal care (including gestational diabetes) □

1b. If you answered Yes to 1a, which diabetes guidelines do you use: (Circle all that apply)

   - American Diabetes Association □
   - American Association of Clinical Endocrinologists □
   - Veterans Affairs □
   - Health plan □
   - Guidelines developed by your MG/IPA □
   - Other □

1c. How are diabetes guidelines implemented? Under rank, please indicate the most frequent use with a 1, the second most frequent mode with a 2, etc. (Mark all that apply)

   - Written form to MDs □
   - Computerized form to MDs □
   - Incorporated into MD reminders □
   - Incorporated into automated patient reminders □
   - Presented in educational talks □
   - Directly communicated to patients in written form □
   - Other □

1d. How frequently are diabetes guidelines reviewed for change? (eg, every 6 months)

1e. At the MG/IPA level, do you track clinician compliance with diabetes guidelines in a quantifiable way?

   - Individual clinician level □
   - Office practice level □ (If No to both, skip to Question 2)

1f. If you answered Yes to Question 1e, has the MG/IPA documented change over time in compliance with guidelines?

   - Individual clinician level □
   - Office practice level □

1g. Is individual level compliance fed back to the provider?

1h. If you answered Yes to Question 1g, what year did you put this system into place?

1i. Is aggregate data on compliance fed back to the provider at either the office level or some other aggregated unit?

1j. If you answered Yes to Question 1i, what year did you put this system into place?

1k. Which of the following processes and outcome variables for diabetes are fed back:

   - Rates of hemoglobin A1c testing □
   - Average hemoglobin A1c level by provider □
   - Rates of dilated eye exams □
   - Rates of visits to nutritionist □
   - Rates of visits to diabetes educator □
   - Rates of visits to podiatrist □
   - Rates of serum LDL, cholesterol testing □

   - Yes □ No □ Don’t Know □
2. What kinds of reminders do you send to clinicians who treat patients with diabetes? (Check all that apply)

Yes  No  Year implemented  How often are they sent?

- Preprinted guidelines for diabetes care
- Diabetes-specific flow sheets for individual patients
- Flag on the medical records of all diabetic patients
- Customized alerts on the medical records on the day of a visit
- Physician feedback after a visit
- Mailed list of patients with needed services identified
- (If No to all, skip to Question 4)

3. What are the contents of these reminders sent to physicians? (Check all that apply)

- Glycohemoglobin due
- Lipid screen due
- Dilated eye exam due
- Renal screen due
- Foot exam due
- Reminder to consider ACE inhibitor
- Reminder to consider ASA
- Reminder to consider lipid lowering treatment
- Flu shot due

4. Does your MG/IPA send reminders directly to patients with diabetes about the need for? (Check all that apply)

<table>
<thead>
<tr>
<th>Reminder</th>
<th>Semi-annually</th>
<th>Annually</th>
<th>Every 2 years or more</th>
<th>Only if overdue</th>
<th>Only to newly diagnosed diabetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycohemoglobin due</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipid screen due</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilated eye exam due</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal screen due</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney test due</td>
<td></td>
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<tr>
<td>Flu shot due</td>
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<tr>
<td>Foot exam due</td>
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</tbody>
</table>

5. What types of reminders do you send to patients? (Check all that apply)

- "Generic" letter
- Letter addressed to specific patients
- Letter from patient's provider
- Telephone calls to patients
- Plan newsletters to patients/doctors
- Other, describe

6. Does your MG/IPA sponsor group or individual diabetes educational classes? (If No, skip to Question 7)

- Yes  No

6a. If yes, what proportion of your diabetic patients attend these classes in a given year? %

6b. Is there any cost sharing for diabetes educational classes at the patient level? (Circle appropriate number in the corresponding row)

<table>
<thead>
<tr>
<th></th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Usually</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Always</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

6c. If you answered sometimes, usually, or always for any of the boxes in 6b, what is the approximate amount per class? (Indicate answer in dollar amount)

<table>
<thead>
<tr>
<th></th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
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<tbody>
<tr>
<td>$</td>
<td>$</td>
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</tbody>
</table>

6d. How many classes per year are offered as a covered benefit? (Indicate answer as a number)

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<thead>
<tr>
<th></th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
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<tbody>
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</tbody>
</table>
7. Does your MG/IPA cover smoking cessation classes?  
   (If No, skip to Question 8)
   □ Yes □ No

7a. Is there any cost sharing for smoking cessation classes at the patient level?  
   (Circle appropriate number in the corresponding row)

<table>
<thead>
<tr>
<th></th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Usually</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Always</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

7b. If you answered sometimes, usually, or always for any of the boxes in 7a, what is the approximate amount per class?  
   (Indicate answer in dollar amount)

<table>
<thead>
<tr>
<th></th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

8. Do you have any instructors who are Certified Diabetes Educators (CDE) who are employed by the medical group?  
   (If No, skip to Question 9)
   □ Yes □ No □ Don’t Know

8a. How many are full-time employees?  
   ____________

8b. If not employed by provider group are they contracted out?  
   □ Yes □ No □ Don’t Know

9. Does your provider group have a diabetes education program?  
   (If No, skip to Question 10)
   □ Yes □ No

9a. Does your program cover the following content areas: (Check if Yes)
   □ Don’t know the content of the program
   □ Nutrition
   □ Exercise
   □ Medications
   □ Monitoring and use of blood sugar results
   □ Relationships among nutrition, exercise, medication and blood glucose levels
   □ Foot and skin care
   □ Dental care
   □ Behavior change strategies
   □ Goal setting
   □ Smoking cessation
   □ Benefits, risks, and management options for improving glucose control
   □ Preconception care and diabetes pregnancy care
   □ Use of health care systems and community resources

10. Does your MG/IPA have disease management programs* for patients with chronic diseases?  
    □ Yes □ No

   * A disease management program is one that identifies most or all persons with a condition, monitors their quality of care, and provides condition-specific outreach and education to patients and/or providers

10a. Does your MG/IPA have a disease management program for patients with diabetes?  
     (If No, skip to Question 11)
     □ Yes □ No

10b. What year was the diabetes program implemented?  

10c. Estimate the percentage of patients with diabetes who are enrolled. ____%
10d. What elements are included in the diabetes management program? *(Mark all that apply)*

- Individual counseling
- Group classes
- Disease management specialist available by telephone around the clock
- Proactive outbound calls at a regular interval for high-risk patients
- Cluster visits*
- Use of self-management materials (eg, mail or videos)
- Element of specialist referral as part of case management
- Identification of patients who are at high risk for poor self-management
- Linkage of high-risk patients to physicians who specialize in the condition

*Cluster visits: Group visits for patients with the primary care physician or other care provider. Visits can include: discussion of patient concerns, preventive measures like eye and foot examinations, and adjustment of medications.

10e. Are there aspects of your diabetes disease management program that were not included in the list above? Please describe:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

11. Does your MG/IPA use ambulatory diabetes case managers who coordinate care among diabetic patients? *(If no, skip Questions 11a through 11c)*

Yes ☐ No ☐

11a. Which diabetic patients cared for by your MG/IPA are assigned to diabetes case managers? *(Check all that apply)*

- All diabetic patients
- Patients whose conditions are most costly to treat
- Recently discharged patients
- Those at high risk for micro/macrovacular complications
- Primary care physician preference
- Patient preference
- Other specific utilization
- Describe:

11b. Which personnel are dedicated to diabetes-specific case management, and how many are devoted to this role exclusively?

<table>
<thead>
<tr>
<th>Role</th>
<th>Personnel Involved in Case Management</th>
<th>Total Full-Time Employees Dedicated to Case Management (% Time x N persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed practical nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified diabetes educators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other health educators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other personnel</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
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</tbody>
</table>

11c. Approximately how many patients are assigned to each diabetes case manager? ________

ACE = angiotensin-converting enzyme; ASA = aspirin; LDL = low-density lipoprotein.