A. Organizational Characteristics

We want to learn more about the general features of your office.

A1. What health-related services does your office provide (check all that apply)?
   - General medical care
   - Substance use treatment
   - Psychiatric care
   - Other: _____________________________________________________________

A2. Does this office include (check all that apply)?
   - Children
   - Adolescents
   - Adults
   - Geriatrics
   - Other
   - Specify Other: _____________________________________________________________

A3. Please estimate how many of the following presently work in your office:

<table>
<thead>
<tr>
<th>Total Number of Staff</th>
<th>Total Full-Time Equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDs</td>
<td></td>
</tr>
<tr>
<td>Physician assistants (PAs)</td>
<td></td>
</tr>
<tr>
<td>Nurse practitioners (NPs)</td>
<td></td>
</tr>
<tr>
<td>Registered nurses (RNs)</td>
<td></td>
</tr>
<tr>
<td>Medical Assistants</td>
<td></td>
</tr>
<tr>
<td>Social workers (MSWs)</td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td></td>
</tr>
<tr>
<td>Psychologists</td>
<td></td>
</tr>
<tr>
<td>Other Behavioral Health providers</td>
<td></td>
</tr>
<tr>
<td>Other non-behavioral health staff</td>
<td></td>
</tr>
</tbody>
</table>

A4. What percentage of individuals working in your office today were not employed in this office 2 years ago? ___ %

A5. Is your office involved in resident or medical school teaching? ___ Yes ___ No

A6. How many different office locations are part of the practice you are in? _______________________________

A7. How would you rate the “financial stress” in your office presently?
   - Not a problem
   - Worry about finances a little
   - Worry about finances a lot

A8. How often does your office staff meet?
   - Once per week
   - Biweekly
   - Once per month
   - Once per quarter
   - No regular meetings held

A9. Has your office ever participated in any quality assurance (QA) or quality improvement (QI) activities?
   - No
   - Yes (Describe most recent program: ________________________________)

A10. Please check the types of quality improvement incentives for which your office, or any providers within your office are eligible (check all that apply):

   a. Quality bonuses for the office or individual physicians
   b. Provider productivity bonuses
   c. Compensation at risk
   d. Publicizing performance
   e. Insurance incentive programs (e.g., UPMC, Highmark)
   f. Other (please specify: ________________________________)

<table>
<thead>
<tr>
<th>Used in general</th>
<th>Used for depression care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

GENERAL NOTES
______________________________________________________________________________________________
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Page 1 of 7
B. Practice Features

The following questions address access to medications for patients in your office

B1. How often are providers in your office detailed by a representative from a pharmaceutical company?
   ___Daily ___ ___ x per ______ ___Once per week ___Biweekly ___Once per month ___Once per quarter
   ___Rarely/never

B2. In what ways do you make it easier for patients in your office to obtain medication prescriptions?
   (please check all that apply)
   ___Provide free samples ___Charity funds
   ___Enroll in pharmaceutical company assistance programs ___Other (specify:___________________________)

B3. Approximately what percentage of your patients in your office obtain free samples of medications from
   pharmaceutical companies?
   Once at the time of diagnosis _____%
   On an ongoing basis _____%

The following questions ask about the clinical information systems typically used in your office

B1. How many computers do you have in this office location? ______ computers

B2. What computerized billing software program is used in your office?
   ___ EPIC® ___Other program (Specify__________________________________) ___No computerized billing program used

B3. What computerized appointment scheduling program is used in your office?
   ___EPIC® ___Other program (Specify__________________________________) ___No computerized program used

B5. What electronic medical record program is used in your office?
   ___CERNER® ___Other program (Specify__________________________________) ___No electronic program used

B6. Indicate to what extent your facility provides information technology for:

   a. Access to literature/evidence based medicine while delivering care
      1 2 3 4 5
   b. Computer assisted decision support systems (e.g., condition-specific lab tests or medications)
      1 2 3 4 5
   c. Computerized patient clinical data (e.g., problem list, history of adverse drug reactions, or electronic medical records)
      1 2 3 4 5
   d. Automation of decisions to reduce errors (e.g., potential adverse drug interactions, correct dosages)
      1 2 3 4 5
   e. Electronic communication between providers (e.g., e-mail, automated result reporting)
      1 2 3 4 5
   f. Electronic communication between providers and patients (e.g., e-mail, automated result reporting)
      1 2 3 4 5
   g. Clinical reminders generated by a computer tracking system
      1 2 3 4 5

GENERAL NOTES
________________________________________________________________________________
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C. Chronic Illness and Preventive Care Functioning and Information

C1. To what extent does your office use case managers or other non-physician staff to help physicians take care of patients with asthma, congestive heart failure (CHF), depression, or diabetes? (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Asthma</th>
<th>CHF</th>
<th>Depression</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The office does not use case managers for this condition</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. Case managers are available at the request of the physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Case managers are assigned to all severe cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C2. Does your office maintain a registry/or list of its patients with the following conditions?

- a. Asthma
- b. Congestive heart failure
- c. Depression
- d. Diabetes

C3. For which of the following does your office contact patients for purposes of improving compliance with recommended screening or treatment protocols?

<table>
<thead>
<tr>
<th>For which of the following does your office contact patients</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. For patients over the age of 50, does your office send reminders to patients regarding colorectal cancer screening?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. For children, does your office send reminders to parents regarding immunizations or well child visits?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. For persons with diabetes, does your office send reminders to patients regarding eye exams?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. For women, does your office send reminders to patients regarding osteoporosis screening?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. For men, does your office send reminders to patients regarding prostrate cancer screening?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Depression Management in Primary Care

The following questions ask about how depression care is typically delivered by the GENERAL MEDICAL providers in your office

D1. Do providers in your office use guidelines or protocols to care for patients with depressive disorders?

- No (SKIP to D2)  Yes →

D1a. (If YES to D1) Please specify which of the following are covered by your office's guidelines or protocols for the management of depression:

- Use of referrals
- Use of antidepressants
- Screening for depression
- Monitoring treatment response and follow-up

D2. Do providers in your office use a formal method of screening for depression?

- No screening tool or questionnaire is used at our office (if NO, SKIP to D3)
- Don't Know
- Yes, a self-report questionnaire →
- Yes, a standardized instrument is administered by a nurse →
- Yes, Other method →

D2a. (If YES to D2) Please name the most common method used to screen for depression:


GENERAL NOTES

__________________________________________________________________________________________________________________________________________________________
D3. What diagnostic codes (ICD-9 codes) do the providers in your office typically use to bill for depression care?

_________  _________  _________  ________

D4. What billing codes (CPT codes) do the providers in your office typically use to bill for depression care?*

_________  _________  _________  ________

D5. How are patients with depressive disorders primarily cared for? (Select one number for each level of severity)

<table>
<thead>
<tr>
<th>A. Depression with no comorbidity</th>
<th>B. Depression with coexisting alcohol or drug problem</th>
<th>C. Depression with coexisting psychiatric diagnosis</th>
<th>D. Depression with coexisting major medical comorbidity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients are primarily cared for by general medical providers in the office</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Patients are primarily cared for by psychiatrists or other mental health specialists in your office</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Patients are primarily sent to specialized programs outside the office</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

The following questions ask about how referrals are typically handled by GENERAL MEDICAL providers in your office

D6. How would you rate the difficulty in arranging an appointment for one of your patients with any MEDICAL specialist (e.g., cardiologist, endocrinologist, oncologist)?

___ Never a problem (SKIP to D7)
___ Rarely a problem →
___ Sometimes a problem →
___ Often a problem →
___ Always a problem →

D6a. Please rank the reasons why providers in your office experience difficulty in arranging an appointment for one of your patients with any MEDICAL specialist:

___ Unaware of who providers are
___ Preferred specialist provider is unavailable in my office’s network
___ Shortage of specialists
___ Other (please specify: _______________________________________________________________)

D7. How would you rate the difficulty in arranging an appointment for one of your patients with any MENTAL HEALTH specialist (e.g., psychiatrist, psychologist, etc.)?

___ Never a problem (SKIP to D8)  ___ N/A (SKIP to D8)
___ Rarely a problem →
___ Sometimes a problem →
___ Often a problem →
___ Always a problem →

D7a. Please rank the reasons why providers in your office experience difficulty in arranging an appointment for one of your patients with any MENTAL HEALTH specialist:

___ Unaware of who mental health providers are
___ Have to go through a mental health carve-out
___ Preferred mental health provider is unavailable in my office’s network
___ Shortage of mental health providers
___ Other (please specify: ____________________________________________________________)

GENERAL NOTES ________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
D8. How would you rate the difficulty in arranging an appointment for one of your patients with any

**SUBSTANCE USE DISORDER specialist** (e.g., addictions specialist, etc.)?

- ___ Never a problem (SKIP to D9)
- ___ Rarely a problem →
- ___ Sometimes a problem →
- ___ Often a problem →
- ___ Always a problem →

**D8a.** Please rank the reasons why providers in your office experience difficulty in arranging an appointment for one of your patients with any **SUBSTANCE USE DISORDER specialist**:

- ___ Unaware of who substance use disorder providers are
- ___ Have to go through a mental health carve-out
- ___ Preferred substance use disorder provider is unavailable in my office’s network
- ___ Shortage of substance use disorder providers
- ___ Other (please specify: ______________________________________________________________________)

D9. Do you have access to a **specific Mental Health Specialist** or a group of Mental Health Specialist providers (e.g., psychiatrist, psychologist, or other mental health specialist) who provide mental health and/or substance abuse treatment for patients who visit your office (regardless of whether he or she is an employee of the office)?

- ___ Yes, located on site-in the office → **SKIP to D11**
- ___ Yes, located off site-less than 4 blocks away → **SKIP to D11**
- ___ Yes, located off site-greater than 4 blocks away → **SKIP to D11**
- ___ No

D10. How does the primary care physician **typically** communicate with a Mental Health Specialist? (Please check one)

- ___ Communication does not occur
- ___ By telephone
- ___ By letter
- ___ Referral forms
- ___ Other (please specify: ______________________________________________________________________)

D11. If a patient is referred for depression care, how often does the patient’s primary care physician typically communicate with a Mental Health Specialist (MHS) about the patient’s depression treatment?

- ___ Never
- ___ Rarely
- ___ Sometimes
- ___ Often
- ___ Always

D12. How do you find out whether the patient actually keeps his/her appointment with the Mental Health Specialist?

- ___ Physician or office staff call the Mental Health Specialist
- ___ Physician or office staff asks patient
- ___ Other (please specify: ______________________________________________________________________)

D13. The following are common strategies offices might use to improve depression care. Please indicate which of the following strategies are currently used in your office. For those that are NOT used, please rate how effective they might be in improving the way depression care is delivered in your office.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Definitely</th>
<th>Probably</th>
<th>Maybe</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Designate an office employee to follow-up on newly diagnosed patients with depression...</td>
<td></td>
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<tr>
<td>b. Develop an information tool for providers to better monitor the care of their depressed patients.</td>
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<tr>
<td>c. Improve depression screening in the office</td>
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<tr>
<td>d. Identify a mental health provider who can see patients in the office</td>
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<tr>
<td>e. Pay providers bonuses for improving quality of depression care</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Identify a mental health provider to whom depressed patients can be referred</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>g. Developing linkages to faith-based resources</td>
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<tr>
<td>h. Other (specify)</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>
E. Barriers

We want to learn more about barriers providers encounter when treating patients in your office.

E1. What are some of the most serious health problems (including mental and physical conditions) facing patients in your office?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

E2. What health issues or problems that you encounter in your office do you feel you need the most help with or information on?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

E3. What are some of the most significant barriers your office faces in managing your patients with depression (e.g., inadequate resources for screening, referral follow-up, medication access, psychosocial care)?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

E4. What resources or services would be most helpful to your office in addressing the barriers to adequate depression care for your patients (e.g., improve screening, referral follow-up, medication access, psychosocial care)?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

F. Other Practice Issues

F1. What are the most frequent ethical concerns that arise for you, your colleagues, and your patients in your office?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

F2. How are these ethical concerns currently addressed in your office? Who addresses them?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

F3. What resources or services would be most helpful to your office in addressing the sort of ethical concerns that you have described?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

GENERAL NOTES ________________________________________________________________________________
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F4. Have any patients ever participated in any research studies, through the actions of your office?
   _No (Go to Question F5)_
   _Yes_
   _Don’t Know_

   F4a. if YES to Question F4, which types of research did your patients participate in?
      _Clinical Trial (drug, device, procedure; Phase I-IV)_
      _Research on therapeutic or preventive interventions (i.e., treatments) excluding clinical trials_
      _Epidemiological, survey-based, or other observational study_
      _Don’t Know_
      _Other (specify:_____________________)_

F5. Does your office subscribe to (and/or pay for) any medical journals (e.g., JAMA®, Lancet®) for your providers?
   _No_  _Yes (specify titles:____________________________________________)

F6. Does your office pay for Internet connections, and/or specialized software (e.g., Epocrates®, MDConsult®,
     UpToDate®, Health Sciences Library System), for your providers?
   _No_  _Yes (specify programs:____________________________________________)

F7. Does your office purchase or get consumer health information materials for distribution to patients?
   _No_  _Yes (please give examples:____________________________________________)

G. Additional Information

G1. What is your current job title?  ______________________________________________________________

G2. How long have you worked in your current position?  __ __ years

G3. What is your gender?  _Female   _Male

G4. What is your age?  _18-34   _35-44   _45-54   _55-64   _65-or older

G5. What is your race/ethnicity?  _African-American   _White   _East Indian   _Asian   _Latino   _Other

GENERAL NOTES ____________________________________________________________
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___________________________________________________________________________
___________________________________________________________________________

Thank you for participating!