

DREAM Atlanta Provider Survey

UID: _____

Survey Date: _____

Mode: ☐ Interviewer-administered

☐ Self-administered

PROVIDER INFORMATION

- 1.1 Number of years you have worked at this practice: _____ years
- 1.2 Your age range:
- ☐ 25-34 years
 - ☐ 35-44 years
 - ☐ 45-54 years
 - ☐ 55-64 years
 - ☐ 65 years and older
- 1.3 Are you native-born or foreign-born? ☐ Native-born (Go to 1.4) ☐ Foreign-born
- 1.3a If foreign-born, which country were you born in? _____
- 1.3b If foreign-born, how many years have you lived in the United States? _____
- 1.4 What year did you complete your medical training? _____
- 1.5 Race/Ethnicity:
- ☐ Non-Hispanic white
 - ☐ Non-Hispanic black or African American
 - ☐ Hispanic
 - ☐ Asian or Pacific Islander
 - ☐ Other (specify) _____
 - ☐ Refused

PATIENT CHARACTERISTICS

- 2.1 How many patients does this practice currently have? _____
- 2.2 Roughly, what percent of your patient care revenue comes from: [Of 100%]
- | | |
|---|---------|
| (a) Medicare | _____ % |
| (b) Medicaid | _____ % |
| (c) Private insurance | _____ % |
| (d) Patient payments | _____ % |
| (e) Other (including charity, research, VA, etc.) | _____ % |
| Total: | 100% |
- 2.3 Roughly, what percent of your patients fall into the following age categories? [Of 100%]
- | | |
|-----------------|---------|
| (a) 0-17 years | _____ % |
| (b) 18-24 years | _____ % |
| (c) 25-44 years | _____ % |

(d) 45-64 years _____ %

(e) 65-74 years _____ %

(f) 75 and older _____ %

Total: 100%

2.4 Roughly, how many of your patients are male, female, or other? [Of 100%]

(a) Male _____ %

(b) Female _____ %

(c) Other _____ %

Total: 100%

2.5 Of these, what percent of your patients identify as South Asian? [Includes: Asian Indian, Bangladeshi, Pakistani, Sri Lankan, Nepali, Bhutanese, Afghan, Indo-Caribbean] _____ %

2.6 Of your South Asian patients, what percent uses the following as their primary language? [Of 100%]

(a) English _____ %

(b) Bangla/Bengali _____ %

(c) Gujarati _____ %

(d) Hindi _____ %

(e) Punjabi _____ %

(f) Urdu _____ %

(g) Nepalese _____ %

(h) Other (list language and percentage below)

_____ %

Total: 100%

2.7 Does this practice provide patients with written health information in any of the following languages? [Check all that apply]

☐ Bangla/Bengali☐ Gujarati☐ Hindi☐ Punjabi☐ Urdu☐ Other☐ Does not provide written health information in any other language**CLINICAL WORKFORCE**

3.1 Please indicate whether or not any of the following are on staff at this practice. [Check all that apply]

STAFF MEMBERS	YES	NO
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a. Other physicians (MD or DO)		
b. Non-physician clinicians ()		
c. Other nursing care (RNs, LPNs, CNAs)		
d. Medical assistants		
e. Dietitians		
f. Mental health providers		
g. Health educators/Community health workers		
h. Certified social workers		
i. Office or administrative managers		
j. Clerical or front desk staff		

3.2 [If YES to 3.1g] Are any of the health educators/community health workers on your staff South Asian?
☐ Yes ☐ No

3.3 Do multiple staff members (including non-physicians) share responsibility for the care of the same patient?
☐ Yes ☐ No

3.4 How often does the staff meet to review and plan the care for individual patients?
☐ Daily
☐ At least weekly
☐ At least monthly
☐ Less than monthly

PRACTICE CHARACTERISTICS

4.1 Please indicate how often the following tasks are performed by your practice.

a. Take body measurements (e.g., height and weight)
☐ 1 - Never ☐ 2 - Rarely ☐ 3 - Sometimes ☐ 4- Often ☐ 5- Always

b. Take vital signs (e.g., blood pressure, temperature, heart rate)
☐ 1 - Never ☐ 2 - Rarely ☐ 3 - Sometimes ☐ 4- Often ☐ 5- Always

c. Manage the routine care of patients with chronic conditions (e.g., hypertension, diabetes)
☐ 1 - Never ☐ 2 - Rarely ☐ 3 - Sometimes ☐ 4- Often ☐ 5- Always

d. Provide health education
☐ 1 - Never ☐ 2 - Rarely ☐ 3 - Sometimes ☐ 4- Often ☐ 5- Always

[If sometimes, often, or always] Please indicate whether or not your practice provides health education in any of the following categories.

Tobacco use ☐ Yes ☐ No

Nutrition ☐ Yes ☐ No

Alcohol use ☐ Yes ☐ No

Physical activity ☐ Yes ☐ No

Diabetes management ☐ Yes ☐ No

Hypertension management ☐ Yes ☐ No

4.2 [If YES to 3.1g] Do you think community health workers benefit your practice?

☐ Yes ☐ No

4.3 [If YES to 3.1g] Do you think community health workers improve the health of your patients?

☐ Yes ☐ No

4.4 [If NO to 3.1g] Do you think community health workers would benefit your practice?

☐ Yes ☐ No

4.5 [If NO to 3.1g] Do you think community health workers would improve the health of your patients?

☐ Yes ☐ No

4.6 Does your practice refer your patients to community-based programs (e.g., patient education classes, support groups, individual counseling, social services organizations) related to any of the following categories? [Check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Eating habits | <input type="checkbox"/> Diabetes management |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Hypertension management |
| <input type="checkbox"/> Social services | <input type="checkbox"/> Do not refer patients to community-based programs |

If YES to above, which community programs does the practice refer to, specifically? _____

4.7 Does your practice track any of the following conditions using an electronic alert system or registry (i.e., a practice-defined patient list based on patient characteristics)? [Check all that apply]

- ☐ Diabetes
- ☐ Hypertension
- ☐ High cholesterol
- ☐ Coronary artery disease
- ☐ Smoking
- ☐ No registries used
- ☐ Don't know / Not sure

4.8 Which, if any, of the following approaches are used in your practice to improve patient outcomes related to chronic conditions (e.g., hypertension, diabetes, asthma)? [Check all that apply]

- ☐ Nurse-led health education or individual counseling
- ☐ CHW/health educator-led health education or individual counseling
- ☐ Clinical-decision support tools

- ☐ Community referrals
☐ None of the above

WORKING WITH THE EHR

- 5.1 In which year did you install your current EHR system? [Enter year YYYY] _____
- 5.2 Please rate your agreement (*1 - strongly disagree to 4 - strongly agree*) for the following statements as **STRENGTHS** of the EHR:
- 5.2a Timely and quick access to information
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 5.2b Reduction of duplicate, unnecessary testing
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 5.2c Increased speed of service delivery
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 5.2d Prevention of medical errors
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 5.3 Please rate your agreement (*1 - strongly disagree to 4 - strongly agree*) for the following statements as **WEAKNESSES** of the EHR:
- 5.3a More time-consuming than not having an EHR
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 5.3b Increased workload
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 5.3c Less flexibility
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 5.4 How easy or difficult is it to use your EHR system?
☐ 1 – Very difficult ☐ 2 – Somewhat difficult ☐ 3 – Somewhat easy ☐ 4- Very easy
- 5.5 During encounters with your South Asian patients, do you communicate in a language other than English?
☐ Yes ☐ No
- a. [If YES] Does communicating in a different language during patient encounters make it harder for you to use the EHR?
☐ Yes ☐ No
- 5.6 Does your computer/internet speed make it difficult to use the EHR system? ☐ Yes ☐ No
- 5.7 Do you have a sufficient number of computers that have access to the EHR system? ☐ Yes ☐ No
- 5.8 How is your computer/Internet speed when using the EHR system?
☐ 1 - Poor ☐ 2 – Fair ☐ 3 – Good ☐ 4- Excellent
- 5.9 Has your job satisfaction increased, decreased, or stayed the same due to working with the EHR?
☐ Increased ☐ Decreased ☐ Stayed the same
- 5.10 Overall, how much do you like having the EHR system?

☐ 1 – Not at all ☐ 2 – Not really ☐ 3 – Somewhat ☐ 4- Very much

5.11 Has your practice met meaningful use criteria as defined by Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health IT in the past?

☐ Yes ☐ No ☐ Don't know/ Not sure

5.12 Does your practice currently meet meaningful use criteria as defined by Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health IT?

☐ Yes ☐ No ☐ Don't know/ Not sure

5.13 When do you enter data into the medical record? [Check all that apply]

- ☐ On clinical workdays – in the patient rooms with the patient
- ☐ On clinical workdays – between patients
- ☐ On clinical workdays – evenings/nights
- ☐ On non-clinical/administrative workdays
- ☐ On my days off

5.14 Does your practice use paper records along with your EHR?

☐ Yes ☐ No

5.15 Please indicate which of the following statements best describes how you feel about your situation at work:

- ☐ I enjoy my work. I have no symptoms of burnout.
- ☐ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- ☐ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- ☐ The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.
- ☐ I feel completely burned out and often wonder if I can go on practicing. I am at the point where I may need some changes.

USE OF PREDIABETES GUIDELINES

6.1 Do you follow national guidelines or screening recommendations for diabetes prevention?

☐ Yes ☐ No ☐ Don't know

a. [If YES]: How do you learn about the updated guidelines? [Check all that apply]

- ☐ Physician organizations (ex. IPA, ACP)
- ☐ US Preventive Services Task Force
- ☐ Self-research
- ☐ Other (please specify) _____

ATTITUDES TOWARDS PREDIABETES

7.1 Please rate your agreement (1 - *strongly disagree* to 4 - *strongly agree*) with the following statements:

7.1a The national guidelines for prediabetes screening are useful in my practice.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1b The national guidelines for prediabetes screening are relevant to my population of patients.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1c The national guidelines for prediabetes screening are difficult to use because they change frequently.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1d The national guidelines for prediabetes screening are difficult to use because each patient is different.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1e Diabetes prevention should be a focus for all patients, regardless of blood glucose levels.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1f Diagnosing a patient as being prediabetic is an effective way to increase patient awareness of their need for treatment.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1g Diagnosing prediabetes is misleading to patients regarding them having a disease.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1h Diagnosing a patient with prediabetes risks overtreatment.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1i Current evidence supports the utility of screening for prediabetes.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

7.1j Current evidence supports the effectiveness of treating prediabetes.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

ATTITUDES TOWARDS DIABETES

Please rate your agreement (*1 - strongly disagree to 4 - strongly agree*) with the following statements:

8.1 Uncontrolled diabetes can have a negative impact on a patient's life.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

8.2 Most patients with diabetes have low compliance in medication adherence.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

8.3 Most patients that I have diagnosed with diabetes had been told they were prediabetic in the past.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

8.4 My patients do not consider diabetes as a serious disease.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

8.5 My South Asian patients understand that South Asians are at a higher risk of developing diabetes.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

ATTITUDES TOWARD TREATMENT

Please rate your agreement (*1 - strongly disagree to 4 - strongly agree*) with the following statements:

9.1 I believe in my ability to implement lifestyle management for patients with prediabetes.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

9.2 I believe in my ability to implement lifestyle management for patients with diabetes.

☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

9.3 Even if I try to implement lifestyle management for prediabetic and diabetic patients, most of my patients cannot successfully comply with the necessary lifestyle changes.

- ☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

9.4 I recommend metformin to most patients with diabetes.

- ☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

9.5 What is most important for the management of diabetes? [Check all that apply]

- ☐ Oral drugs
☐ Education
☐ Insulin
☐ Other (please specify) _____

PERCEPTIONS OF PEERS AND PREDIABETES

Please rate your agreement (*1 - strongly disagree to 4 - strongly agree*) with the following statements:

10.1 Most primary care physicians do not consider screening for prediabetes to be a high priority in diabetes prevention.

- ☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree

MORE ON DIABETES AND GUIDELINES

11.1 Please indicate whether you agree or disagree with the following statement:

There are ethnic-specific, modified cut-off points for body mass index, or BMI, specified by the World Health Organization.

- ☐ Agree ☐ Disagree ☐ Don't know/ Not sure

Please choose the correct answer for the following questions [*choose only one*]:

11.2 Which range of HbA1c levels is most correct for prediabetes according to national guidelines and recommendations?

- ☐ 5.3 – 6.4%
☐ 5.7 – 6.4%
☐ 6.0 – 6.5%
☐ Greater than 6.5%

11.3 The BMI cut-offs for the Asian and Pacific Islander population for overweight and obesity, in kg/m², specified by the World Health Organization are:

- ☐ Overweight: 25-29.9; Obese: ≥30
☐ Overweight: 24-26.9; Obese: ≥27
☐ Overweight: 23-27.4; Obese: ≥27.5

11.4 On average, most patients with Type 2 Diabetes have had prediabetes for how long prior to clinical presentation?

- ☐ 30 days or less
☐ 90 days or less
☐ 12 months or less
☐ 12-24 months
☐ Greater than 24 months

11.5 What is the recommended minimal level of physical activity per federal guidelines?

- ☐ 200 minutes of moderate activity or 60 minutes of vigorous activity per week

- ☐ 150 minutes of moderate activity or 75 minutes of vigorous activity per week
- ☐ 100 minutes of moderate activity or 70 minutes of vigorous activity per week
- ☐ 75 minutes of moderate activity or 45 minutes of vigorous activity per week

STRATEGIES FOR DIABETES PREVENTION

Please indicate your agreement (1, *strongly disagree*, to 5, *strongly agree*) with the following statements:

- 12.1 I recommend metformin to most patients with prediabetes.
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 12.2 Addressing my patients' social needs can improve their health.
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 12.3 Patient referral to social services should be reimbursed by healthcare payers.
☐ 1 - Strongly disagree ☐ 2 – Somewhat disagree ☐ 3 – Somewhat agree ☐ 4- Strongly agree
- 12.4 When providing lifestyle advice to patients with prediabetes, what is the primary change that you stress?
☐ Changing diet ☐ Increasing physical activity ☐ Weight loss ☐ Stress all 3 equally
- 12.5 What is the primary method you use for identifying someone at risk for developing diabetes?
☐ Assessing BMI ☐ Testing blood glucose concentrations ☐ Asking about family history ☐ Stress all 3 equally
☐ Other (please specify) _____

Please indicate how often you use the following strategies to promote diabetes prevention, continuity of care, and lifestyle change with your patients.

- 12.6 Use patient reminders for appointments (via text, postcard, email, or phone).
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always
- 12.7 Use a standardized prediabetes screening and treatment protocol.
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always
- 12.8 Screen patients of Asian and South Asian ethnicity for overweight and obesity utilizing Asian BMI categories.
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always
- 12.9 Use EHR-based alerts or reminders for recommending HbA1c testing for Asian and South Asian patients with BMI ≥ 23 .
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always
- 12.10 Maintain a registry of patients with incident prediabetes (HbA1C 5.7-6.4%).
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always
- 12.11 Involve team-based care for impaired glucose (related to diet, medication adherence and titration, coordination of care).
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always
- 12.12 Involve community health workers as part of care team for patient follow-up and health education.
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always
- 12.13 Refer to external programs for disease self-management and health education.
☐ 1 – Never ☐ 2 – Rarely ☐ 3 – Sometimes ☐ 4- Always

IMPLEMENTATION OF DIABETES PREVENTION PROTOCOL

The American Diabetes Association recommends:

Testing to assess risk for future diabetes in asymptomatic people should be considered in adults of any age who are overweight or obese (BMI ≥ 25 , or ≥ 23 in Asian Americans) and who have one or more additional risk factors for diabetes. For all patients, testing should begin at age 45 years.

- 13.1 How confident are you that your practice could implement the guidelines for prediabetes screening recommended by the American Diabetes Association?

☐ Totally confident ☐ Reasonably confident ☐ Less confident ☐ Not at all confident

[If *Less confident* or *not at all confident*]: Which of the following are barriers to your practice implementing the guidelines for prediabetes screening recommended by the American Diabetes Association?

(Check all that apply)

- ☐ Knowledge/understanding of prediabetes guidelines
☐ Knowledge/expertise of EHR
☐ Staff
☐ Time
☐ Space limitations
☐ Other (please specify) _____

- 13.2 How confident do you feel in your ability to meet your patients' social needs?

☐ Totally confident ☐ Reasonably confident ☐ Less confident ☐ Not at all confident

- 13.3 Are you interested in receiving training or support on how to implement evidence-based protocols for prediabetes screening and diabetes prevention with your patients?

☐ Yes ☐ No ☐ Don't know/ Not sure

PERCEIVED BARRIERS TO DIABETES PREVENTION

- 14.1 Please indicate to what extent each of the following is a possible barrier to patient lifestyle modification (*not a barrier at all to extreme barrier*):

	Not a barrier at all	Somewhat of a barrier	A barrier	Extreme barrier
a. Patient's lack of knowledge about diabetes				
b. Patient's lack of motivation				
c. Patient's physical limitation in doing activity				
d. Lack of weight loss resources for patient				
e. Lack of nutrition resources for patient				
f. Patients do not think it is important to make these changes				
g. Financial limitations				
h. Patient's cultural background				

- 14.2 Please indicate to what extent each of the following is a possible barrier to patient metformin use (*not a barrier at all to extreme barrier*):

	Not a barrier at all	Somewhat of a barrier	A barrier	Extreme barrier
a. Patient's dislike taking medications				
b. Medication cost to patient				
c. Poor patient adherence				
d. Potential side effects				
e. Providers' lack of awareness of clinical guidelines for metformin use				
f. Patient's cultural background				

INTERVENTION IMPLEMENTATION

15.1 Please indicate how difficult it would be to implement the following interventions for improved management of prediabetes:

	Very difficult	Somewhat difficult	Somewhat easy	Very easy
a. More time for doctors to counsel patients				
b. More culturally-appropriate educational resources for patients				
c. Improved access to diabetes preventive programs				
d. Improved nutrition resources for patients				
e. Improved access to weight loss programs				
f. Improved access to bariatric surgery				