



## Clinical Team Member Survey

### Section A: Please tell us about you:

1. I am a clinical team member at: (check one)

- Family Healthcare Center: Fargo
- Innovis Health: Fargo
- Lake Region Healthcare: Fergus Falls
- Migrant Health Services, Inc.: Moorhead
- Orthopedic and Sports Physical Therapy, Inc.: Breckenridge
- Otter Tail County Detention Facility
- Public Health: Becker County
- Public Health: Clay County
- Public Health: Otter Tail County
- Public Health: Wilkin County

- Sanford Health – MeritCare Clinic: Detroit Lakes
- Sanford Health – MeritCare Clinic: Hawley
- Sanford Health – MeritCare Clinic: New York Mills
- Sanford Health – MeritCare Clinic: Ottertail
- Sanford Health – MeritCare Clinic: Pelican Rapids
- Sanford Health – MeritCare Clinic: Perham
- Sanford Health – MeritCare Clinic: Ulen
- Sanford Health – MeritCare System: Fargo
- St. Mary's Innovis Health: Detroit Lakes
- Other: \_\_\_\_\_

2. I am a (an): (check one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Behavioral Therapist           | <input type="checkbox"/> Nurse Practitioner (NP)          | <input type="checkbox"/> Public Health Nurse (PHN)              |
| <input type="checkbox"/> Chiropractor (DC)              | <input type="checkbox"/> Occupational Therapist           | <input type="checkbox"/> Registered Nurse (RN)                  |
| <input type="checkbox"/> Exercise Physiologist          | <input type="checkbox"/> Physical Therapist               | <input type="checkbox"/> Registered Nutritionist/Dietitian (RD) |
| <input type="checkbox"/> Health Educator                | <input type="checkbox"/> Physician/Medical Doctor (MD/DO) | <input type="checkbox"/> Respiratory Therapist                  |
| <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> Physician Assistant (PA)         | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Licensed Social Worker (LSW)   | <input type="checkbox"/> Psychologist                     |   |

3. My primary area of practice is: (check one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Behavioral Therapy                    | <input type="checkbox"/> Family Medicine         | <input type="checkbox"/> Pediatric Medicine |
| <input type="checkbox"/> Case management/<br>Care coordination | <input type="checkbox"/> Gerontology             | <input type="checkbox"/> Physiatry          |
| <input type="checkbox"/> Correctional Health                   | <input type="checkbox"/> Internal Medicine       | <input type="checkbox"/> Public Health      |
| <input type="checkbox"/> Diabetes Education                    | <input type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Psychiatry         |
| <input type="checkbox"/> Eligibility assessments               | <input type="checkbox"/> Oncology                | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Emergency Medicine                    | <input type="checkbox"/> Ophthalmology           |   |
|  | <input type="checkbox"/> Otolaryngology (ENT)    |   |

4. I screen for BMI and/or ask about nutrition/diet, physical activity, tobacco use/exposure, and/or alcohol use. (check one)

- Yes, with every patient       Yes, with some patients       No [If you checked "no" – skip to question #6]

### Section B: Screen/Ask

5. Regarding <u>screening/asking</u> patients...	Every visit	Annual visit	Semi-annual visit	Quarterly visit	Onset of chronic disease	Sometimes	Never
• I screen for overweight or obesity using BMI (Body Mass Index).							
• I ask about nutrition/dietary practices.							
• I ask about frequency of engagement in physical activity.							
• I ask about intensity of engagement in physical activity.							
• I ask about secondhand smoke exposure.							
• I ask about tobacco use.							
• I ask about alcohol use.							
• I positively reinforce healthy behaviors related to nutrition/diet, physical activity, tobacco use/exposure and alcohol use.							

### Section C: Advise, Assess, Assist, and Arrange (Refer)

6. Regarding patients at-risk for chronic disease due to overweight/obesity, tobacco use/exposure, and/or excessive alcohol use, I do at least **ONE** of the following:

- Advise of health risks and/or advise modification of risk behaviors.
- Assess readiness to change.
- Assist: negotiate goals, provide educational materials and/or discuss treatment options.
- Arrange: refer to resources in the clinic/hospital and/or the community.

(check one):

- Yes, with every patient
- Yes, with some patients
- No [If you checked “no”– skip to question #11]

7. Regarding patients who <u>are</u> OVERWEIGHT OR OBESE (BMI equal to or greater than 25)...	Every visit	Annual visit	Semi-annual visit	Quarterly visit	Onset of chronic disease	Sometimes	Never
• I advise of health risks and/or benefits of change.							
• I advise modification of risk behaviors.							
• I assess readiness to change risk behaviors or habits.							
• I discuss portion control.							
• I discuss fruit and vegetable intake.							
• I discuss avoidance of saturated and trans fats.							
• I negotiate mutually-agreed-upon healthy eating goals.							
• I negotiate mutually-agreed-upon physical activity goals.							
• I give them nutrition/diet educational materials.							
• I give them physical activity educational materials.							
• I refer them to clinic/hospital-based nutrition/diet, exercise and/or weight management resources.							
• I refer them to community-based nutrition/diet, exercise and/or weight management resources.							
• If BMI is equal to or greater than 30, I discuss medication therapy with them.							
• If BMI is equal to or greater than 35, I discuss surgery with them.							
8. Regarding patients who are <u>exposed to</u> SECONDHAND SMOKE...	Every visit	Annual visit	Semi-annual visit	Quarterly visit	Onset of chronic disease	Sometimes	Never
• I advise of health risks and/or benefits of change.							
• I advise modification of risk behavior.							
• I assess readiness to change risk behavior or habits.							
• I negotiate mutually-agreed-upon secondhand smoke exposure reduction goals.							
• I give them secondhand smoke exposure reduction educational materials.							
9. Regarding patients who <u>use</u> TOBACCO...	Every visit	Annual visit	Semi-annual visit	Quarterly visit	Onset of chronic disease	Sometimes	Never
• I advise of health risks and/or benefits of change.							
• I advise modification of risk behavior.							
• I assess readiness to change risk behavior or habits.							
• I negotiate mutually-agreed-upon tobacco reduction goals.							
• I give them tobacco cessation educational materials.							
• I refer them to clinic/hospital-based tobacco cessation resources.							
• I refer them to community-based tobacco cessation resources.							
• I use the <i>Minnesota Clinic Fax Referral Form</i> to refer them to a Tobacco QUIT LINE Resource/Program.							
• I discuss pharmacotherapy with them.							

10. Regarding patients <i>with excessive</i> ALCOHOL USE (males - more than 4 drinks per occasion or 14 per week; females - more than 3 drinks per occasion or 7 per week)	Every visit	Annual visit	Semi-annual visit	Quarterly visit	Onset of chronic disease	Sometimes	Never
• I advise of health risks and/or benefits of change.							
• I advise modification of risk behavior.							
• I assess readiness to change risk behavior or habits.							
• I negotiate mutually-agreed-upon alcohol reduction goals.							
• I give them alcohol reduction educational materials.							
• I refer them to clinic/hospital-based alcohol treatment resources.							
• I refer them to community-based alcohol treatment resources.							

**Section D: Assess, Assist, and Arrange (Refer)**

11. The following would assist me in assessing “readiness to change”:

	Yes	No	Maybe
An easy to use assessment tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of the assessment tool by patient while in the waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment process was part of a clinical team effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training in motivational interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prompting by the EMR or chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. The following resource information would assist me in referring at-risk patients to resources:

	Yes	No	Maybe
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data supporting long-term success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. The following would assist me in referring at-risk patients to CLINIC/HOSPITAL-BASED RESOURCES: (check all that apply)

- More time available per patient visit
- Reimbursement coding
- Reimbursement offered was sufficient for my time
- Access to a paper copy of clinic/hospital-based resources
- Access to a web-based database of clinic/hospital-based resources
- Patient/family interest and cooperation
- Resources meet patient needs
- Other: (please describe) \_\_\_\_\_

14. The following would assist me in referring at-risk patients to COMMUNITY-BASED RESOURCES: (check all that apply)

- Clinic/hospital-based resources could NOT meet patient needs
- More time available per patient visit
- Reimbursement coding
- Reimbursement offered was sufficient for my time
- Access to a paper copy of community-based resources
- Access to a web-based database of community-based resources
- Patient/family interest and cooperation
- Resources meet patient needs
- Other: (please describe) \_\_\_\_\_

15. The following items would assist me in referring at-risk patients to resources: (check all that apply)

- An algorithm that identifies the at-risk patients
- Easy to use referral forms
- Development of a referral system or mechanism
- Development of a follow-up system or mechanism
- Facilitation of a team effort that engages all of the clinical team members in the process
- Other: (please describe): \_\_\_\_\_

16. The types of resources I would most likely use as referral sources for my at-risk patients are: (check all that apply)

- Clinic/hospital-based
- Community-based
- Reimbursable
- Free or minimal cost
- Those offered by patient’s health care plan
- Evidence-based
- Other: (please describe): \_\_\_\_\_

## **Section E: Arrange (Follow-up)**

17. Regarding patients at-risk for chronic disease due to overweight/obesity, tobacco use/exposure, and/or excessive alcohol use, I provide and/or arrange for follow-up care.
- Yes, with every patient
  - Yes, with some patients
  - No [If you checked “no” – skip to question #20]
18. When I provide and/or arrange for follow-up care, the FREQUENCY of follow-up contacts (phone, mail, email, face-to-face) generally is:
- |   |  |
|---|--|
| <input type="checkbox"/> Weekly             | <input type="checkbox"/> Every Six Months    |
| <input type="checkbox"/> Every Two Weeks    | <input type="checkbox"/> Every Twelve Months |
| <input type="checkbox"/> Monthly            | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Every Three Months |  |
19. When I provide and/or arrange for follow-up care, the DURATION of follow-up contacts (phone, mail, email, face-to-face) generally is:
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> One month    | <input type="checkbox"/> Six Months    |
| <input type="checkbox"/> Two months   | <input type="checkbox"/> Twelve Months |
| <input type="checkbox"/> Three Months | <input type="checkbox"/> Other: _____  |
20. The following would assist me in providing and/or arranging for FOLLOW-UP care for my at-risk patients: (check all that apply)
- More time available per patient visit
  - Reimbursement coding
  - Reimbursement offered was sufficient for my time
  - A team effort that engaged all of the clinical team members in the process
  - Patient/family interest and cooperation
  - Other: (please describe) \_\_\_\_\_

## **Section F: Practices and Guidelines**

21. I would be motivated to use practices and/or guidelines that focus on reducing overweight/obesity, tobacco use/exposure, and excessive alcohol use if the guidelines were: (check all that apply)
- |  |  |
|--|--|
| <input type="checkbox"/> Clear   | <input type="checkbox"/> Prompted by reminder tools in the chart and/or the electronic medical record system |
| <input type="checkbox"/> Easy to implement                             | <input type="checkbox"/> Supported by the administration   |
| <input type="checkbox"/> Outlined and required by a policy or protocol | <input type="checkbox"/> Accompanied by guideline-related logos on mugs, pens, or Post-it pads               |
| <input type="checkbox"/> Endorsed by a respected colleague             | <input type="checkbox"/> Other: (please describe): _____   |
| <input type="checkbox"/> Evidence-based                                |  |
| <input type="checkbox"/> Coded for reimbursement                       |  |
| <input type="checkbox"/> Accompanied by training                       |  |
22. Please check all that applies to your practice in regards to the Institute of Clinical Systems Improvement (ICSI) Guideline “Prevention and Management of Obesity.” (check all that apply)
- I am aware of this guideline.
  - I follow this guideline in my practice.
  - I do not follow this guideline in my practice.
  - I am not aware of this guideline.
23. Please check all that applies to your practice in regards to the Institute of Clinical Systems Improvement (ICSI) Guideline “Primary Prevention of Chronic Disease (PPCD).” (check all that apply)
- I am aware of this guideline.
  - I follow this guideline in my practice.
  - I do not follow this guideline in my practice.
  - I am not aware of this guideline.

## **Section G: Other Comments**

24. What additional comments would you like to share with us?