

Staff/Provider Survey
Resource and Referral Network Development

Notice on Data Privacy

Purpose

This survey is part of a project that is focused on developing a referral system for health care providers to refer patients to clinic- and community-based programs and services for prevention and management of chronic disease and obesity in Minneapolis. It is funded by the State Health Improvement Program (SHIP). Minneapolis Department of Health and Family Support and local clinics are working collaboratively on this project. Results of this survey will help project partners to determine appropriate approaches to developing and implementing an appropriate referral mechanism or system. Results will also be used to monitor overall and clinic-specific progress on this project.

Content of the survey

You will be asked about your perceptions and practices at work related to: current referral approaches; awareness of local resources related to healthy eating, physical activity, and tobacco control; barriers and supports to making referrals to these resources; and the importance of system-level strategies to increase referrals. The data includes two questions that could be used to identify an individual. They are questions about the name of your clinic and your role. The survey will not ask for your name. The name of the clinic in which you work allows us to determine how perceptions and practices at your clinic are similar or different from those in other participating clinics. Information about your role allows us to determine if different people with different roles are answering questions in different ways. If you feel uncomfortable answering any questions in the survey, simply skip or leave the question blank. Once all survey responses are received, data will be removed from Survey Monkey and stored in a password-protected file on a secure server. Only evaluators on this project will have access to individual, provider-level data stored on this server.

A report that summarizes responses from your clinic will be shared with the management and/or a small workgroup at your clinic. Participating clinics and their management will not receive individual, provider-level data, but the identity of respondents from clinics with small numbers of providers could be inferred. Any results that are shared with a broader audience such as the Minnesota Department of Health will be aggregated so that the names of individual clinics and providers cannot be identified.

Voluntary participation

Your participation in this survey is completely voluntary. If you decide not to complete the survey or decide not to respond to one or more of the questions, the only consequence is that your clinic will not benefit from having your input into the areas of the survey that you choose not to complete. Monitoring progress related to this project will also be difficult.

Contacts and Consent

For further details or questions related to this survey, please contact Jared Erdmann using the following information: Email: jared.erdmann@ci.minneapolis.mn.us; Phone: 612.673.2638; Address: 250 South 4th Street – Room 510, Minneapolis, MN 55415-1384

By proceeding, you acknowledge that you have read and understand the information outlined above and agree to supply some or all of the information requested within the survey.

Staff/Provider Survey

Resource and Referral Network Development

1. Clinic name: _____ Date: ___/___/___

Please tell us about you:

2. I am a:

- Medical Director
- Clinic Manager
- Physician, Medical Doctor
- Physician Assistant
- Nurse Practitioner
- Registered Nurse
- Medical Assistant
- Registered Dietician
- Other: _____

Referrals and Resources for Obesity Prevention and Weight Management

1.

| Regarding patients who are overweight or obese (BMI equal or greater than 25)... | All Patients | Most Patients | Some Patients | None |
|--|--------------|---------------|---------------|------|
| I make referrals to clinic-based nutrition/diet, exercise or weight management programs for... | | | | |
| I make referrals to community-based nutrition/diet, exercise or weight management programs for... | | | | |
| I follow-up on my referrals to see if the patient has followed-through for... | | | | |

2. To what extent are you aware of **community based** resources that assist patients **who are overweight or obese**? (Select one option.)

- Very aware
- Somewhat aware
- Somewhat unaware
- Unaware

Please list specific **community based resources** you are currently aware of:

3. To what extent are you aware of the **clinic based** resources that assist patients **who are overweight or obese**? (Select one option.)

- Very aware
- Somewhat aware
- Somewhat unaware
- Unaware

Please list specific **clinic based resources** you are currently aware of:

4. What specific resources or types of resources would assist you in referring patients **who are overweight or obese?**

Clinic based resources:

Community based resources:

Referrals and Resources for Tobacco Cessation

5.

| Regarding patients who are TOBACCO USERS... | All Patients | Most Patients | Some Patients | None |
|--|--------------|---------------|---------------|------|
| I make referrals to clinic-based tobacco cessation programs (such as in-person cessation counseling) for... | | | | |
| I make referrals to community-based tobacco cessation programs (such as the Tobacco Quit Line) for... | | | | |
| I use the Minnesota Clinic Fax Referral System to refer to the Tobacco Quit Line Resource/Program for... | | | | |
| I follow-up on my referrals to see if the patient has followed-through for... | | | | |

6. To what extent are you aware of **community based resources** that assist patients in **tobacco cessation**? (Select one option.)

- Very aware
 Somewhat aware
 Somewhat unaware
 Unaware

Please list specific **community based resources** you are currently aware of:

7. To what extent are you aware of the **clinic based resources** that assist patients in **tobacco cessation**? (Select one option.)

- Very aware
 Somewhat aware
 Somewhat unaware
 Unaware

Please list specific **clinic based resources** you are currently aware of:

8. What specific resources or types of resources would assist you in referring patients for **tobacco cessation?**

Clinic based resources:

Community based resources:

Referral Resource Selection

9. When you refer a patient to a clinic- or community-based resource for obesity and tobacco cessation, how many options do you want to have available? (Select one option.)

- Only 1 resource
- A list of 3 – 5 resources the patient can choose from
- A list of 5 or more resources the patient can choose from
- A searchable web-based database of extensive resources
- One phone line for the patient to call to access a directory of resources
- I want to refer the patient to another person at my clinic who can help the patient choose resources
- I want to refer the patient to another person in the community who can help the patient choose resources
- None - I want the patient to find the resource on their own
- Unsure

10. What types of obesity and tobacco cessation resources are you most interested in referring patients to? (Check all that apply.)

- Clinic based resources, services or programs
- Community based agencies, programs or classes
- Self-management resources such as online websites
- Phone based counseling or coaching
- Reimbursable programs (health insurance or other sources)
- Free or minimal cost
- Those offered by patient's health insurance plan
- Evidence-based
- Other (please describe): _____

11. When you refer a patient to a clinic- or community-based resource for obesity and tobacco cessation, what criteria do you use to select resources to refer to? (Check all that apply.)

- Reputation of organization or program
- Criteria developed by an internal committee (please list committee: _____)
- Criteria developed by an external organization (please list organization: _____)
- Interventions that are supported by literature

- Programs that are denoted as evidence-based (such as the Diabetes Prevention Program) by the CDC or other organization
- Other _____

12. Which of the following resource information would assist you in referring patients to resources for obesity and tobacco cessation? (Check all that apply.)

- Cost
- Location
- Brief description
- Program reputation
- Evidence base of success
- Target population or audience
- Available languages
- Cultural perspective
- Eligibility criteria
- Availability of health plan reimbursement
- Other: _____

Referral Systems

13. How much of a priority is it for your clinic to develop or have access to a comprehensive resource referral system to assist patients with obesity and tobacco cessation? (Select one option.)

- High Priority
- Somewhat of a Priority
- Not a Priority
- Don't Know

14. Which of the following resource systems do you currently use for making referrals to clinic and community based resources? (Check all that apply.)

- United Way 2-1-1
- MinnesotaHelp.Info (Home of the Senior, Veteran, and Disability Linkage Lines)
- Minneapolis 3-1-1
- My Minnesota Go Local
- Internal system or database
- Electronic Medical Record
- Other _____

Referral Barriers and Supports

15. What barriers do you experience when referring patients to clinic- or community-based obesity and tobacco cessation resources, programs or services? (Check all that apply.)

- I am unaware or unfamiliar with programs and services available
- Lack of quality program or service resources for referral

- Lack of clinic-based resources available
- Lack of resources that meet the needs of my patients
- Lack of evidence based programs available
- Lack of time during patient visit to make referrals
- Insufficient reimbursement for my time to refer patients
- Lack of a referral system or mechanism
- Lack of someone to make the referral
- Lack of a database or directory of clinic-based or community-based resources
- Lack of patient/family interest and cooperation
- Other: _____

16. Which of the following would assist you in referring patients to clinic- and community-based obesity and tobacco cessation resources, programs, or services? (Check all that apply.)

Systems Support

- A referral system or mechanism
- Integration of referrals into the Electronic Medical Record system
- A referral process that engages other healthcare team staff in the process (i.e. nurses, clerks, etc.)
- A person at my clinic responsible for referrals
- A follow-up system or mechanism
- Designated time during clinical visits to refer
- Reimbursement for my time to refer patients
- Patient/family interest and cooperation
- Other: _____

Resources

- An algorithm to identify the at-risk patients
- Easy to use referral forms
- A paper list or database of resources
- A web-based database of resources
- Information on available resources
- Training on available resources
- Criteria on selecting appropriate resources
- Resources that meet patient needs
- Reimbursement coding for clinic and community resources
- Other: _____

Other Comments

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