

Appendix 1: ACTIVATE Patient Activation and Engagement Assessment Survey and Results

University of California, Berkeley, Advocate Health Care and DaVita HealthCare Partners

Practice name:

Location (Street, City):

Following are four pages of brief questions regarding the extent to which *your practice* uses Patient Activation and Engagement strategies for patients with diabetes and/or cardiovascular disease. We appreciate your taking the time to answer these questions by indicating with a checkmark (☒) the extent to which these strategies have been implemented, ranging from “no use” to “fully implemented” in *your practice*.

	Yes, fully implemented- all physicians do this	Yes, partially implemented – about half of our physicians do this	Yes, but not regularly – some do this but not on a regular basis	No
A. Please indicate whether <i>your practice</i> uses any of the following strategies with respect to patient care outreach in regard to disease prevention and health promotion.				
1. Conducts a Health Risk Assessment (HRA) Survey with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides patients feedback on their HRA results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides ongoing monitor of HRA results (assessing over time changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Refers patients to a disease prevention or health promotion program as a result of the HRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Encourages relevant patients to participate in a Healthy Eating Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encourages relevant patients to participate in a Physical Activity Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Encourages relevant patients to participate in an Employee Health Promotion/Prevention/Wellness Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sponsors or participates in School Health Clinic interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Please indicate whether <i>your practice</i> has implemented any of the following processes for patient communication, motivational interviewing, and involvement in treatment care plans.				
9. Health Risk Assessment results are available electronically to care team members (through the electronic medical record) at the point of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Clinicians are trained in motivational interviewing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Clinicians consistently use motivational interviewing techniques in communicating with patients (e.g. encourage patients to ask questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Clinicians consistently encourage patients to discuss their work, home life, and social situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, fully implemented- all physicians do this	Yes, partially implemented – about half of our physicians do this	Yes, but not regularly – some do this but not on a regular basis	No
13. Staff are trained in motivational interviewing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff consistently use motivational interviewing techniques in communicating with patients (e.g. encourage patients to ask questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff note patient preferences for treatment in the patient’s record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Select staff serve as “health coaches” for patients seeking to modify their lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Patients can routinely <u>provide</u> information on their care and their health via patient portal (not just access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Telehealth is consistently made available to patients with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Telehealth is consistently made available to patients with cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Please indicate whether <i>your practice</i> has implemented any of the following processes for shared decision-making.				
20. Clinicians consistently involve patients in developing treatment goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Clinicians or staff review goal-setting for behavioral changes with patients as a result of their HRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Practice provides eligible patients with shared decision making videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Physicians consistently have follow up discussions with patients regarding their treatment options and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. There is a formal evaluation of the impact of shared decision making on patient care choices, outcomes of care, and patient experience with their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. There exists an organized follow up program to assist patients in managing their medications at home, e.g., pharmacist-led medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, fully implemented- all physicians do this	Yes, partially implemented – about half of our physicians do this	Yes, but not regularly – some do this but not on a regular basis	No
26. Shared medical appointments (group visits) are available for patients with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Shared medical appointments (group visits) are available for patients with cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Peer to Peer (Patient to Patient) programs are available for patients with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Peer to Peer (Patient to Patient) programs are available for patients with cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Programs exist to improve family participation and support for patients with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Programs exist to improve family participation and support for patients with cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Please indicate whether <i>your practice</i> has available the following for patient self-management of their condition.				
32. At home monitoring devices and/or tools to assess medication management, blood pressure, blood sugar, and lipids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Please indicate whether <i>your practice</i> has implemented any of the following processes for end of life/advanced serious illness care patient engagement and family involvement.				
33. Clinicians consistently discuss the importance of patient advanced directives (Care for Older/Vulnerable Adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Clinicians consistently discuss hospice care options with patients (Care for Older/Vulnerable Adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Clinicians consistently discuss the availability of both hospital based and community based palliative care with patients (Care for Older/Vulnerable Adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, fully implemented- all physicians do this	Yes, partially implemented – about half of our physicians do this	Yes, but not regularly – some do this but not on a regular basis	No

F. Please indicate whether any of the following processes are used for patient involvement in the overall design of care and in organization-wide efforts to improve the quality of care at <i>your practice</i> .				
36. Patient advisory councils exist for patients with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Patient advisory councils exist for patients with cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Patients consistently participate in quality improvement teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Patients are involved in helping to govern the clinic/practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Please check the organizations your practice partners with to implement any of the Patient Activation and Engagement strategies checked above:	
Faith community	<input type="checkbox"/>
Health insurer	<input type="checkbox"/>
Skilled nursing facilities	<input type="checkbox"/>
Home health agencies	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Housing agency	<input type="checkbox"/>
Library	<input type="checkbox"/>
Local public health department	<input type="checkbox"/>
Parks and Recreation	<input type="checkbox"/>
Schools	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
University	<input type="checkbox"/>
Utility company	<input type="checkbox"/>
Other (Specify: _____)	<input type="checkbox"/>

THANK YOU FOR COMPLETING THIS SURVEY!