Tool 1 Resource: 2007 Specialty Care Access Survey Template

Original document follows.

1. WELCOME

INTRODUCTION

Thank you for participating in this critically needed survey which is part of a study being funded by Kaiser Permanente Community Benefits in collaboration with the California Primary Care Association and the California Association of Public Hospitals and Health Systems to learn more about access to specialty care for our patients. The survey is being disseminated to all community health centers in California with a companion study designed for dissemination to all public hospital systems in the state.

SURVEY INSTRUCTIONS

This survey should be completed by your organization's Executive Director or Medical Director. While it is fine to have multiple people help complete the survey if that is useful, only one survey should be completed per clinic corporation.

Please answer all questions.

The survey has been pilot tested by several medical directors and should take no more than 45 minutes to complete. Your ability to complete the survey efficiently will be enhanced by having any referral tracking report your agency has for on-site and outside specialty referrals in front of you.

There are special instructions below regarding how to come back to this survey if you are likely to need to take a break when completing it.

We need the survey to be completed no later than May 25, 2007.

For purposes of this survey:

• Please consider the range of specialty care areas, EXCLUDING mental health, dental services, substance abuse, optometry, and podiatry.

• Please answer all questions with regard ONLY to your adult patients.

There are five broad categories of questions covered by this survey, in separate sections:

1. Respondent information

2. Outside specialty referrals and consultations

3. On-site specialty care services

4. Systems for organizing specialty referrals and consultations

5. General issues regarding access to care and improvements in access

Tips on working with the survey:

• If you find that you need to go back to a prior page or question, use the <> buttons at the bottom of each page. DO NOT USE THE BACK FUNCTION IN YOUR BROWSER, or some of your answers will be deleted.

• The entire survey must be completed using the same computer. You will be able to stop and come back to the survey as many times as you would like, as long as you use the same computer each time. The survey identifies you as a unique user by your computer, not by your name or any other identifier.

• If you take a break during completion of the survey, or if you are "sharing" completion with another staff

member, keep the following in mind:

• When you close the link partway through the survey, and click on the link you started with again later, you will be brought back to the point at which you stopped.

• You must click on the ORIGINAL link again to return to your survey, not the link that you see in your address bar as you are taking the survey.

• If multiple people will be involved in completing the survey, they must use the same computer to fill out the survey. For example, if one respondent fills out on set of questions (because they are more familiar with those particular questions) and wants another person to fill out another part of the survey, the first person can close the survey. To continue or finish the survey, the second (or third) respondent must use the same computer and can open the survey by using the original survey link. They will be taken directly to the point where the last person left off.

• There is no time limit for how long you can take between starting and finishing your survey, but we must receive your completed survey no later than May 25.

2. DEFINITIONS

Specialty care: healthcare services provided by medical specialists with advanced training and specialized clinical expertise in a specific field such as surgery, neurology, cardiology, rheumatology, dermatology, oncology, orthopedics, ophthalmology, and others who *generally* do not have the first contact with patients, but instead receive referrals for them from primary care providers.

On-site specialty care: specialty services provided within your community health center, by specialists or advance trained providers as defined above.

Outside specialty care: specialty services provided outside of your community health center, through referral to specialists in other settings.

Written referral guidelines: explicit, formal guidelines that indicate the types of conditions and diagnostic screenings appropriate for specialty referrals and that describe the process for referring

Telemedicine: use of electronic communications/ information technologies to provide consultative, diagnostic, educative and treatment services for patients and providers at a distance (includes videoconferencing, satellite technology)

3. SECTION 1: RESPONDENT INFORMATION

1. Community Health Center name:

2. Name of individual completing questionnaire:

3. Organizational title of individual completing questionnaire:

4. E-mail address:

5. Phone (include area code first):

6. County/Counties where your facility/facilities is/are: (check all that apply)

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen

- Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

4. SECTION 1: RESPONDENT INFORMATION

7. For the specialty areas below, check the 3 most frequently needed areas among your patients.

	Three most frequently needed
Allergy/Immunology services	
Cardiology services	
Dermatology services	
Endocrinology services	
Gastroenterology services	
Infectious disease services (incl. AIDS/HIV)	
Nephrology services	
Neurology services	
High-risk obstetrics services	
Oncology services	
Opthamology services	
Urological surgery/services	
Vascular surgery	
Orthopedic surgery/services	
Other types of surgery	
Otolaryngology services	
Pulmonary disease services	
Other specialty services	

8. If "Other specialty services" is checked above, please specify:

9. In the first column, check the 3 specialty areas most difficult to access for your patients for all reasons; in the second column, check the 3 specialty areas that are easiest for your patients to access.

	Three most difficult to access	Three easiest to access
Allergy/Immunology services		
Cardiology services		
Dermatology services		
Endocrinology services		
Gastroenterology services		
Infectious disease services (incl. AIDS/HIV)		
Nephrology services		
Neurology services		

High-risk obstetrics services		
Oncology services		
Opthamology services		
Urological surgery/services		
Vascular surgery		
Orthopedic surgery/services		
Other types of surgery		
Otolaryngology services		
Pulmonary disease services		
Other specialty services		

10. If "Other specialty services" is checked above, please specify:

5. SECTION 1: RESPONDENT INFORMATION

11. In your opinion, how often do providers limit making referrals in the following areas because they know that specialty care is too difficult for their patients to access?

	Frequently limit referrals	Occasionally limit referrals	Never limit referrals
Allergy/Immunology services			
Cardiology services			
Dermatology services			
Endocrinology services			
Gastroenterology services			
Infectious disease services (incl. AIDS/HIV)			
Nephrology services			
Neurology services			
High-risk obstetrics services			
Oncology services			
Opthamology services			
Urological surgery/services			
Vascular surgery			
Orthopedic surgery/services			
Other types of surgery			
Otolaryngology services			
Pulmonary disease services			
Other specialty services			

12. If "Other specialty services" is checked above, please specify:

6. SECTION 1: RESPONDENT INFORMATION

13. Based on your experience with primary care patients, how easy is it for patients with different types of insurance coverage to access specialty care across specialty services?

	Easy to access	Somewhat easy to access	Somewhat difficult to access	Very difficult to access
Private Insurance				
Medi-cal				
No insurance				

14. In your opinion, to what extent do each of the following issues impact reduced availability of specialists for your patients?

	No impact on reduced availability	Some impact on reduced availability	A great deal of impact on reduced availability
Inappropriate referrals are made			
Patients miss scheduled appointments			
Payor status			
Language and cultural barriers			
Severity or complexity of illness			
Stigma associated with poverty			
Patients do not have what they need (lab reports, medical records, diagnostics, etc.) when they go to specialists			
Other issues			

15. If "Other issues" is checked above, please specify:

7. SECTION 2: OUTSIDE SPECIALTY REFERRALS AND CONSULTATIONS

Outside specialty care refers to specialty services provided outside of your community health center, through referral to specialists in other settings.

16. What % of referrals for outside specialty care are made to specialists in each of the following settings: (Total should =100%)

Public Hospital or County Health System	
Other Community Health Center	
Private Hospital	
University Teaching Hospital	
Private Provider Office	
Out of area specialty center	
Other	

17. If you assigned % to "Other" above, please specify:

18. For each specialty area below, indicate the approximate number of outside referrals made per month in the boxes below.

Allergy/Immunology services	
Cardiology services	
Dermatology services	
Endocrinology services	
Gastroenterology services	
Infectious disease services (incl. AIDS/HIV)	
Nephrology services	
Neurology services	
High-risk obstetrics services	
Oncology services	
Opthamology services	
Urological surgery/services	
Vascular surgery	

Orthopedic surgery/services

Other types of surgery

Otolaryngology services

Pulmonary disease services

Other specialty services

19. If "Other specialty services" is filled in above, please specify:

8. SECTION 2: OUTSIDE SPECIALTY REFERALLS AND CONSULTATIONS

20. How many of the outside specialty services referred to have written referral guidelines *(e.g., explicit, formal guidelines that indicate the types of conditions and diagnostic screenings appropriate for specialty referrals and that describe the process for referring)* for your primary care providers to use? (Check one):

- None of them
- A few of them
- Most of them
- All of them

21. From the time a referral is made, approximately how long do your patients generally wait to see an outside specialist in each specialty area below?

Indicate the range that comes closest to patient wait time for outside specialty care:

	1 month or less	1-3 months	3-6 months	More than 6 months	don't know
Allergy/Immunology services					
Cardiology services					
Dermatology services					
Endocrinology services					
Gastroenterology services					
Infectious disease services (incl. AIDS/HIV)					
Nephrology services					
Neurology services					
High-risk obstetrics services					
Oncology services					
Opthamology services					

Urological surgery/services					
Vascular surgery					
Orthopedic surgery/services					
Other types of surgery					
Otolaryngology services					
Pulmonary disease services					
Other specialty services					

22. If "Other specialty services" is checked above, please specify:

9. SECTION 2: OUTSIDE SPECIALTY REFERRALS AND CONSULTATIONS

23. To what extent can your primary care providers expedite outside specialty services for patients who have urgent needs (other than referring them to a hospital emergency department)?

- All of the time
- Most of the time
- Some of the time
- None/almost none of the time

24. Of the patients referred to outside specialty care, approximately what % result in a visit with a specialist? (Check the % that comes CLOSEST to your estimate)

- 1 - 24% of referred patients
- 25 - 49% of referred patients
- 50 - 74% of referred patients
- 75 - 100% of referred patients
- Don't know

25. When your patients receive outside specialty care, approximately what % of the time do your primary care providers receive consultation reports back from treating specialists? (Check the % that comes CLOSEST to your estimate)

- None of the time
- 1 - 24% of the time
- 25 - 49% of the time
- 50 - 74% of the time
- 75 - 100% of the time

Don't know

26. Do you have telemedicine equipment in your facility?

(*Telemedicine* refers to electronic communications/ information technologies (includes videoconferencing, satellite technology) to provide consultative, diagnostic, educative and treatment services for patients and providers at a distance)

If "No" is selected, you will be skipped ahead to another section

Yes

No

10. SECTION 2: OUTSIDE SPECIALTY REFERRALS AND CONSULTATIONS

27. For which of the following specialties do your primary care patients utilize telemedicine visits with outside specialists?

	Check if telemedicine visits are used in these areas
Allergy/Immunology services	
Cardiology services	
Dermatology services	
Endocrinology services	
Gastroenterology services	
Infectious disease services (incl. AIDS/HIV)	
Nephrology services	
Neurology services	
High-risk obstetrics services	
Oncology services	
Opthamology services	
Urological surgery/services	
Vascular surgery	
Orthopedic surgery/services	
Other types of surgery	
Otolaryngology services	
Pulmonary disease services	
Other specialty services	

28. If "Other specialty services" is checked above, please specify:

11. SECTION 3: ON-SITE SPECIALTY CARE SERVICES: SPECIALIST-PROVIDED CARE OCCURI...

On-site specialty care refers to specialty services provided within your community health center, by specialists or advance trained providers.

29. Do you provide any specialty services on-site?

If "No" is selected, you will be skipped ahead to another section

- Yes
- No

12. SECTION 3: ON-SITE SPECIALTY CARE SERVICES: SPECIALIST-PROVIDED CARE OCCURI...

30. Please indicate below which on-site specialties you regularly provide and whether your specialist providers are paid or volunteer.

	Paid	Volunteer
Allergy/Immunology services		
Cardiology services		
Dermatology services		
Endocrinology services		
Gastroenterology services		
Infectious disease services (incl. AIDS/HIV)		
Nephrology services		
Neurology services		
High-risk obstetrics services		
Oncology services		
Opthamology services		
Urological surgery/services		
Vascular surgery		
Orthopedic surgery/services		
Other types of surgery		
Otolaryngology services		
Pulmonary disease services		
Other specialty services		

31. If "Other specialty services" is checked above, please specify:

13. SECTION 3: ON-SITE SPECIALTY CARE SERVICES: SPECIALIST-PROVIDED CARE OCCURI...

32. Approximately how many total unduplicated patients are seen monthly in your on-site specialty services?

33. When your patients receive on-site specialty care, approximately what % of the time do your referring providers receive a consultation report back from the treating specialist? (Check the % that comes CLOSEST to your estimate)

- None of the time
- 1 - 24% of the time
- 25 - 49% of the time
- 50 - 74% of the time
- 75 - 100% of the time
- Don't know

34. Have you received any special funding to initiate or support on-site specialty services?

- Yes
- No

35. If yes, please specify type of funding:

36. Approximately what percentage of the specialty care referrals made to your on-site specialty services come from each of the following sources? (Total should = 100%)

Primary care providers in your organization	
Primary care providers (outside your organization) in other community health centers	
Private providers in the community	
Hospital emergency department	
Other	

37. If you assigned % to "Other" above, please specify:

14. SECTION 3: ON-SITE SPECIALTY CARE SERVICES: SPECIALIST-PROVIDED CARE OCCURI...

38. Can patients self-refer to any of the on-site specialty services offered without first being evaluated by a primary care provider?

- Yes
- No

39. How have you found specialist providers to staff your on-site programs? (Check all that apply)

- Personal relationships of providers
- Physician placement services
- Local medical society
- Local hospitals
- Other community health centers
- Residency programs
- Advertising
- Other (please specify)

40. For which, if any, of the following on-site specialty services do you have written referral guidelines (*e.g., explicit, written guidelines that indicate the types of conditions and diagnostic screenings appropriate for specialty referrals and that describe the process for referring*)?

	Check all that apply
Allergy/Immunology services	
Cardiology services	
Dermatology services	
Endocrinology services	
Gastroenterology services	
Infectious disease services (incl. AIDS/HIV)	
Nephrology services	
Neurology services	
High-risk obstetrics services	
Oncology services	
Opthamology services	

Urological surgery/services	☐
Vascular surgery	☐
Orthopedic surgery/services	☐
Other types of surgery	☐
Otolaryngology services	☐
Pulmonary disease services	☐
Other specialty services	☐

41. If "Other specialty services" is checked above, please specify:

15. SECTION 3: ON-SITE SPECIALTY CARE SERVICES: sPECIALIST-PROVIDED CARE OCCURI...

42. Once a referral has been made, approximately how long do your patients generally wait to see an on-site specialist for the following services? (Indicate the range that comes closest to patient wait time for on-site specialty care):

	2 weeks or less	2 weeks to 1 month	1 to 2 months	2 to 4 months	More than 4 months
Allergy/Immunology services	☐	☐	☐	☐	☐
Cardiology services	☐	☐	☐	☐	☐
Dermatology services	☐	☐	☐	☐	☐
Endocrinology services	☐	☐	☐	☐	☐
Gastroenterology services	☐	☐	☐	☐	☐
Infectious disease services (incl. AIDS/HIV)	☐	☐	☐	☐	☐
Nephrology services	☐	☐	☐	☐	☐
Neurology services	☐	☐	☐	☐	☐
High-risk obstetrics services	☐	☐	☐	☐	☐
Oncology services	☐	☐	☐	☐	☐
Opthamology services	☐	☐	☐	☐	☐
Urological surgery/services	☐	☐	☐	☐	☐
Vascular surgery	☐	☐	☐	☐	☐
Orthopedic surgery/services	☐	☐	☐	☐	☐
Other types of surgery	☐	☐	☐	☐	☐
Otolaryngology services	☐	☐	☐	☐	☐
Pulmonary disease services	☐	☐	☐	☐	☐
Other specialty services	☐	☐	☐	☐	☐

43. If "Other specialty services" is checked above, please specify:

16. SECTION 3: ON-SITE SPECIALTY CARE SERVICES: SPECIALIST-PROVIDED CARE OCCURI...

44. For the types of on-site specialty care provided, to what extent can your primary care providers expedite consultation or care for patients with urgent need?

- All of the time
- Most of the time
- Some of the time
- None/almost none of the time

45. Of the patients referred for on-site specialty care, approximately what % result in a visit with the specialist? (Check the % that comes CLOSEST to your estimate)

- 1 - 24% of referred patients
- 25 - 49% of referred patients
- 50 - 74% of referred patients
- 75 - 100% of referred patients
- Don't know

17. SECTION 3: ON-SITE SPECIALTY CARE SERVICES: SPECIALIST-PROVIDED CARE OCCURI...

46. Have any of your primary care providers expanded their practice to incorporate specialty activities (e.g., diagnostic assessment, specialty procedures) in any of the areas below?

	Check all that apply
Allergy/Immunology services	☐
Cardiology services	☐
Dermatology services	☐
Endocrinology services	☐
Gastroenterology services	☐
Infectious disease services (incl. AIDS/HIV)	☐
Nephrology services	☐
Neurology services	☐
High-risk obstetrics services	☐
Oncology services	☐
Opthamology services	☐
Urological surgery/services	☐
Vascular surgery	☐
Orthopedic surgery/services	☐
Other types of surgery	☐
Otolaryngology services	☐
Pulmonary disease services	☐
Other specialty services	☐

47. If "Other specialty services" is checked above, please specify:

18. SECTION 4: SYSTEMS FOR ORGANIZING SPECIALTY REFERRALS AND CONSULTATIONS

48. Do you track the number of specialty referrals your organization's primary care providers make for either on-site or outside referrals?

- Yes
- No

49. Which of the following types of systems do your primary care providers utilize in managing specialty care clinical communications and information? (Check all that apply):

- Electronic specialty referrals (i.e., e-referral)
- Direct electronic scheduling of specialty appointments for patients
- Tracking software*
- Disease registry*
- Manual log for tracking referrals
- Electronic medical records
- E-mail communications with specialists
- Other (please specify)

50. If "Tracking software" is checked above, please specify software name:

51. If "Disease registry" is checked above, please specify name:

52. Do your primary care providers have some way to identify urgent need in the referral process to expedite your patients being seen by on-site or outside specialists?

- Yes
- No

19. SECTION 4: SYSTEMS FOR ORGANIZING SPECIALTY REFERRALS AND CONSULTATIONS

53. What do your primary care providers do to expedite the referral process?

	Check all that apply
Call specialist directly in advance of referral	☐
E-mail specialist in advance of referral	☐
E-referral indication	☐
Mail specialist directly in advance of referral	☐
Send letter with patient with instructions	☐
Other	☐

54. If "Other" is checked above, please specify:

20. SECTION 4: SYSTEMS FOR ORGANIZING SPECIALTY REFERRALS AND CONSULTATIONS

55. Do you have a formal system in place to ensure that medical records and diagnostic materials get to patients' on-site or outside specialty appointments?

- ☐ Yes
- ☐ No

56. Approximately what % of the time do patients arrive at their on-site or outside specialty appointments with everything they need (e.g., medical records, completed diagnostic materials, etc)? (Check the % that comes CLOSEST to your estimate)

- ☐ Never
- ☐ 1 - 24% of the time
- ☐ 25 - 49% of the time
- ☐ 50 - 74% of the time
- ☐ 75 - 100% of the time
- ☐ Don't know

57. How often does your facility provide the following types of support services to your patients referred for either on-site or outside specialty care services:

	Never	Occasionally	Frequently
Your staff schedules specialty care appointments for patients	☐	☐	☐
Your staff works with patients to make sure they get	☐	☐	☐

to their appointments			
You provide non-emergency transportation to specialty appointments	☐	☐	☐
You pay for outside specialty appointments	☐	☐	☐
Your staff provides patients with appointment reminders for specialty visits	☐	☐	☐
Interpreters if needed	☐	☐	☐
Other accommodations if needed	☐	☐	☐

58. If "Other accommodations if needed" is checked above, please specify:

59. Approximately what % of the time are your primary care providers able to consult with a specialist when consultation is needed? (Check the % that comes CLOSEST to your estimate)

- ☐ Never
- ☐ 1 - 24% of the time
- ☐ 25 - 49 % of the time
- ☐ 50 - 74% of the time
- ☐ 75 - 100% of the time

21. SECTION 5: GENERAL ISSUES REGARDING ACCESS TO CARE AND IMPROVEMENTS IN ACCE...

60. Which of the following activities have you been involved in to address or raise awareness about the difficulties accessing specialty care services? (Check all that apply):

- ☐ Work with local medical society to encourage private practitioner engagement
- ☐ Creation of individual agreements and relationships with providers
- ☐ Work with Medi-Cal managed care plan to make access to specialty care services a priority
- ☐ Community assessment(s) that quantify specialty care access for low income adults in your county and/or community
- ☐ Grant-seeking to help offset the cost of specialty care
- ☐ Development of coalitions of concerned stakeholders
- ☐ Work with managed care companies
- ☐ Work with clinic administrators and boards
- ☐ Work with media sources to raise awareness
- ☐ Other (please specify)

61. Which efforts mentioned above have been most successful and why?

For each effort, please briefly describe its impact:

62. What strategies do you believe show the most promise for improving access to specialty care?

63. Please describe one or more "success stories" focused on changes your facility has participated in that have improved your patients' access to specialty care.

Please provide specific details regarding changes made:

22. SURVEY COMPLETE

Thank You. Your name and agency will be entered into the drawing.