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| **Questions** | **Response Options** |
| 1. What is your age? | Number of years |
| 2. What is your gender? | Male  Female  Prefer Not to Answer |
| 3. Do you consider yourself Hispanic or Latino? | Hispanic  Not Hispanic |
| 4. Which of the following choices best describes your race? | White  Black, African American  Asian  Native Hawaiian, Other Pacific Islander  American Indian, Alaska Native  Other  Prefer Not to Answer |
| 5. How long have you worked at the clinic?  5a. Months  5b. Years | # years  # months |
| 6. What is your position at the clinic? | Physician (PCP)  Physician Assistant (PCP)  Nurse Practitioner (PCP)  Medical Resident (PCP)  Psychiatrist  Psychiatric Nurse Practitioner  Clinical Psychologist  Clinical Social Worker  Counselor/ Behavioral Health Provider  Medical Assistant  Community Health Specialist  Nurse  Other |
| 7. What is your Collaborative Care role/title? | Care Manager / Care Coordinator  Primary Care Provider  Psychiatric Consultant  Behavioral Health Provider (paired with a Care Manager)  Other |
| 8. Approximately what percentage of your caseload/panel is comprised of Collaborative Care patients? | 10%  30%  50%  75%  100% |
| 9. How long have you been in practice? Do not include training and/or residency? | Less than 5 years  5-10 years  11-20 years  20 or more years |
| 10. Which Collaborative Care principles fit BEST with the organizational culture of your clinic and why? | Free text |
| 11. Which Collaborative Care principles fit LEAST with the organizational culture of your clinic and why? | Free text |
| **How helpful are the following key components of Collaborative Care** | |
| Patient Identification and Diagnosis  12a. Screen for behavioral health problems using valid instruments  12b. Diagnose behavioral health problems and related issues  12c. Use valid measurement tools to assess and document baseline symptom severity | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| Patient Engagement  13a. Introduce collaborative care team and engage patient in program  13b. Initiate patient tracking in population-based registry | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| Evidence-based Treatment  14a. Develop and regularly update a treatment plan  14b. Provide patient and family education about symptoms, treatment and self-management skills  14c. Provide brief, evidence based therapeutic interventions  14d. Provide evidence-based ps**y**chotherapy (e.g., Problem Solving Treatment, Cognitive Behavioral Therapy, Intrapersonal Therapy)  14e. Prescribe and manage psychotropic medications as clinically indicated  14f. Change or adjust treatments if patients do not meet treatment targets | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| Systematic Follow-up, Treatment Adjustment and Relapse Prevention  15a. Use population-based registry to systematically follow all patients  15b. Proactively reach out to patients who do not follow-up  15c. Monitor treatment response at each contact with valid outcome measures  15d. Monitor treatment side effects and complications  15e. Identify patients who are not improving to target them for psychiatric consultation and treatment adjustment  15f. Create and support relapse prevention plan when patients are substantially improved | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| Communication and Care Coordination  16a. Coordinate and facilitate effective communication among providers  16b. Engage and support family and significant others as clinically appropriate  16c. Facilitate and track referrals to specialty care, social services, and community-based resources | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| Systematic Psychiatric Case Review and Consultation  17a. Conduct regular (e.g., weekly) psychiatric caseload review on patients who are not improving  17b. Provide specific recommendations for additional diagnostic work-up, treatment changes or referrals  17c. Provide psychiatric assessments for challenging patients in-person or via telemedicine | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| Program Oversight and Quality Improvement  18a. Provide administrative support and supervision for program  18b. Provide clinical support and supervision for program  18c. Routinely examine provider and program level outcomes  (e.g., clinical outcomes, quality of care, patient satisfaction)and use this information for quality improvement | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| How helpful was the training provided by the AIMS Center?  19a. In person trainings  19b. Webinars / Case Calls  19c. Problem-Solving Treatment Certification  19d. Monthly Implementation Coaching Calls  19e. Online orientation or training materials published on the SIF/AIMS website | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| 20. How helpful was the Collaborative Care orientation and training provided to you by your organization? | Not helpful  Somewhat helpful  Very helpful |
| 21. How helpful was it to be a part of a program where primary care and behavioral team members co-manage patients with depression? | Not helpful  Somewhat helpful  Very helpful  Does not apply |
| 22. How helpful was the Care Manager in providing care to your patients with depression?  22a. The amount of support provided by the Care Manager was | Not helpful  Somewhat helpful  Very helpful  Does not apply  Not enough  Just right  Too much |
| 23. How helpful was the psychiatric consultant in providing support to your patients with depression?  23a. The amount of support provided by the psychiatric consultant was | Not helpful  Somewhat helpful  Very helpful  Does not apply  Not enough  Just right  Too much |
| 24. Do you believe that the Collaborative Care program improved clinical outcomes for your patients? | No Improvement  Moderate Improvement  Definite Improvement |
| 25. Did you receive adequate support from the clinic to provide depression care to your Collaborative Care patients? | Not enough support  Adequate support  More than adequate support |
| 26. Has Collaborative Care improved the quality of your work life? | No improvement  Moderate improvement  Definite improvement |
| 27. What changes have you made as a clinician in regards to patient care as a result of Collaborative Care implementation at your clinic? | Free text |
| 28. Overall, based on your definition of burnout, how would you rate your level of burnout? | 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 frustration at work a lot.  I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. |
| 29. What do you like MOST about Collaborative Care ? | Free text |
| 30. What do you like LEAST about Collaborative Care ? | Free text |
| 31. If you could make one change to make the Collaborative Care program better, what would you change? | Free text |
| 32. Are there any general comments you would like to add? | Free text |