

CPCQ-MG Questionnaire for ASTHMA

Please respond to the following statements about asthma care in your clinic...

(fill in one circle for each line)

	<u>strongly disagree</u>	<u>somewhat disagree</u>	<u>neither agree nor disagree</u>	<u>somewhat agree</u>	<u>strongly agree</u>
1. Clinicians in our clinic believe that good asthma care is very important	1	2	3	4	5
2. We have greatly improved the process of asthma care in the past year	1	2	3	4	5
3. Our resources (personnel, time, financial) are too tightly limited to improve asthma care	1	2	3	4	5
4. Our clinic operations rely heavily on organized systems	1	2	3	4	5
5. The thinking of our leadership is strongly oriented toward systems	1	2	3	4	5
6. Our clinic attaches more priority to quality of care than to finances	1	2	3	4	5
7. The clinicians in our clinic espouse a shared mission	1	2	3	4	5
8. The clinicians in our clinic adhere to clinic policies	1	2	3	4	5
9. Our clinic leadership is strongly committed to the need for change in asthma care and for leading that change	1	2	3	4	5

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

strongly disagree somewhat disagree neither agree nor disagree somewhat agree strongly agree

10. Our clinic has well-developed administrative structures and processes in place to create change	1	2	3	4	5
11. Our clinic is undergoing considerable stress as the result of internal changes	1	2	3	4	5
12. The working environment in our clinic is collaborative and cohesive, with shared sense of purpose, cooperation, and willingness to contribute to the common good	1	2	3	4	5
13. The clinicians in our clinic are very interested in improving asthma care	1	2	3	4	5
14. We have clinician champions interested in leading the improvement of asthma care	1	2	3	4	5
15. Our clinic understands and uses quality improvement skills effectively	1	2	3	4	5
16. The leaders of our efforts to improve clinic care are enthusiastic about their task	1	2	3	4	5
17. Our clinic has a well-defined quality improvement process for designing and introducing changes in the quality of care	1	2	3	4	5
18. The new process of care for asthma is more advantageous than the old to everyone involved (patients, personnel, and clinic)	1	2	3	4	5

Our clinic has used the following strategies to implement improved asthma care ...

(fill in one circle for each line)

	<u>Yes, worked well</u>	<u>Yes, but did not work well</u>	<u>No, did not use</u>
19. Providing information and skills-training related to improved asthma care	1	2	3
20. Use of opinion leaders, role modeling, or other vehicles to encourage support for changes in asthma care	1	2	3
21. Changing or creating systems in the clinic that make it easier to provide good asthma care	1	2	3
22. Removal or reduction of barriers to better asthma care	1	2	3
23. Organizing people into teams focused on accomplishing the change process for asthma care	1	2	3
24. Delegating to non-physician staff the responsibility to carry out aspects of asthma care that are normally the responsibility of physicians	1	2	3
25. Providing to those who are charged with implementing improved asthma care the power to authorize and make the desired changes	1	2	3
26. Using periodic measurement of asthma care for the purpose of assessing compliance with the new approach to asthma care	1	2	3
27. Reporting measurements of individual or care unit performance for asthma care by comparison with their peers	1	2	3

	Yes, worked well	Yes, but did not work well	No, did not use
28. Setting goals and benchmarking rates of asthma care at least yearly	1	2	3
29. Customizing the implementation of asthma care changes to each site of care	1	2	3
30. Use of rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results from introducing organization-wide change in asthma care	1	2	3
31. Deliberately designing asthma care improvements so as to make physician participation less work than before	1	2	3
32. Deliberately designing asthma care as a means to make the care more beneficial to the patient	1	2	3
33. Considering all the priorities your clinic has over the next year (e.g., EMR, financial goals, quality improvement of various conditions, MD recruitment), what is the priority of your clinic for improving asthma care? (on a scale of 0-10 where 0 = not a priority, 5 = medium priority, & 10 = highest priority of all)			
1.....2345678910			
Not a Priority	Medium Priority	Highest Priority of all	