**Annual Practice Self-Efficacy Survey**

**Baseline Questionnaire**

*For selected practices, this practice baseline self-efficacy survey will need to be completed by a practice leader, 1 per practice within 45 days of being selected and once again in the last quarter of 2020.*

**Survey Monkey Link: Practice Level Self Efficacy Survey:** <https://www.surveymonkey.com/r/PracticeSelfEfficacy>

 **Provider name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of assessment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person responding to the interview:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Type of Practice: [ ]  Private with no health system or university affiliation

[ ]  Private with health system or university affiliation[ ]  Health system with no university affiliation[ ]  Health system with university affiliation[ ]  Academic medical center[ ]  Federally qualified health center[ ]  Public clinic with no university/academic affiliation[ ]  Public clinic with university/academic affiliation[ ]  Other (Specify)1. Please enter the number of the following staff in this practice:

Number of Obstetrics/Gynecology (OB/GYN) providers \_\_\_\_\_\_\_\_\_\_Number of Obstetrics (OB) only providers \_\_\_\_\_\_\_\_\_\_Number of Gynecology (GYN) only providers \_\_\_\_\_\_\_\_\_\_Number of Family Medicine providers \_\_\_\_\_\_\_\_\_\_Number of Primary Care providers \_\_\_\_\_\_\_\_\_\_Number of Medical Residents \_\_\_\_\_\_\_\_\_\_Number of Licensed independent practitioners (PAs, RNCS, NPs) \_\_\_\_\_\_\_\_\_\_Number of Nurse midwives \_\_\_\_\_\_\_\_\_\_Number of MAs, RNs, PCAs, CIPs \_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_1. Does the practice have an onsite behavioral health professional available? [ ]  Yes [ ]  No

If yes, is this a: [ ]  Psychiatric prescriber [ ]  Psychotherapist  [ ]  Masters’ level clinician [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Does the practice have a system in place to facilitate access to a behavioral specialist? [ ]  Yes [ ]  No

If yes, which one? [ ]  co-located behavioral health specialist[ ]  case manager to assist with referral[ ]  access to telephone consultation with mental health specialist[ ]  ensure that all patients are referred to a behavioral health specialist1. Is this location part of a larger practice with multiple locations? [ ]  Yes [ ]  No

If yes, name of the larger practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Number of locations in the larger practice where prenatal services are provided:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total # locations**1. Number of locations in the larger practice where prenatal services are provided:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total # births for the larger practice**1. What is the total number of births per year for all providers/clinicians in this location?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total # of births across all providers**1. **Approximate payer mix:** *For the list of payers that follows, regarding the approximate payer mix for this practice location/office, list the percent for each payer. Please provide an estimate if the exact percent is not known. The total percentage of all payers cannot be greater than 100%.*

Tricare/Other Military \_\_\_\_\_\_\_\_\_\_%Medicaid \_\_\_\_\_\_\_\_\_\_%Other Public \_\_\_\_\_\_\_\_\_\_%Private or Commercial \_\_\_\_\_\_\_\_\_\_%Self-Pay \_\_\_\_\_\_\_\_\_\_%Other \_\_\_\_\_\_\_\_\_\_%Other – Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%1. **Observed or reported ethnicity of first prenatal care visit patients:** *For the first prenatal care visit patients at this medical practice location/office, please indicate the percent of those patients with the following observed or reported ethnicity. Please provide an estimate if the exact percent is not known.*

Hispanic, Latina, or Spanish origin \_\_\_\_\_\_\_\_\_\_%1. **Observed or reported primary race of first prenatal care visit patients:** *Using the following categories, list the observed or reported primary race of patients at this medical practice location/office. Again, the focus is on patients seen at the first prenatal care visits. Please provide an estimate if the exact percent is not known.*

Black/African American/African \_\_\_\_\_\_\_\_\_\_%White/Caucasian \_\_\_\_\_\_\_\_\_\_%Asian/Asian American \_\_\_\_\_\_\_\_\_\_%Native Hawaiian/Other Pacific Islander \_\_\_\_\_\_\_\_\_\_%American Indian/Native American \_\_\_\_\_\_\_\_\_\_%Alaska Native \_\_\_\_\_\_\_\_\_\_%More than one race \_\_\_\_\_\_\_\_\_\_%Other \_\_\_\_\_\_\_\_\_\_% Other - Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unknown/not reported \_\_\_\_\_\_\_\_\_\_%1. **Observed or reported primary language preferred by first prenatal care visit patients:** *Using the following options, indicate the reported primary language preferred by first prenatal care visit patients at this medical practice location/office. Please provide an estimate if the exact percent is not known. The total percentage of all languages cannot be greater than 100%.*

English \_\_\_\_\_\_\_\_\_\_% Spanish \_\_\_\_\_\_\_\_\_\_%Other \_\_\_\_\_\_\_\_\_\_%Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. How well do you feel you know this practice?

[ ]  Extremely well [ ]  Quite well [ ]  Fairly well [ ]  Not very well |

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| **How consistently does the practice use a validated screening tool at the following time points to screen for…** |
| **Depression?** Please indicate tool (check all that apply): [ ]  PHQ2 [ ]  PHQ9 [ ]  EPDS [ ] Other-Specify:\_\_\_\_\_\_\_\_\_\_\_ |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy *(0-20 wks. GA)* |  |  |  |  |  |  |
| Late pregnancy *(21 wks. or more GA)* |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum *(0-3 months PP)* |  |  |  |  |  |  |
| Late postpartum *(4-12 months PP)* |  |  |  |  |  |  |
| **Anxiety?** Please indicate tool (check all that apply): [ ]  GAD2 [ ]  GAD7 [ ]  PASS [ ] Other-Specify:\_\_\_\_\_\_\_\_\_\_\_ |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy  |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Bipolar disorder?** Please indicate tool (check all that apply): [ ]  MDQ [ ]  CIDI [ ]  Other-Specify:\_\_\_\_\_\_\_\_\_\_\_ |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Substance use disorders?** Please indicate tool (check all that apply): [ ]  NIDA/ASSIST [ ]  4Ps [ ]  DASS [ ]  Other-specify:\_\_\_\_\_\_\_\_ |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Trauma/PTSD?**Please indicate tool (check all that apply): [ ]  PCL-C [ ]  Intimate Partner Violence [ ]  Other-specify:\_\_\_\_\_\_\_ |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |

1. Does your practice have a system in place to monitor and follow up on patients who screen positive for perinatal mental health and substance use disorders? [ ]  Yes [ ]  No
2. Is it explained to patients that screening for perinatal mental health and substance use disorders will happen routinely as part of their obstetric care? [ ]  Yes [ ]  No
3. Does your practice have procedures for providing education and treatment options for patients with perinatal mental health and substance use disorders? [ ]  Yes [ ]  No
4. Does your practice have procedures for obtaining mental health and substance use disorders care for pregnant and postpartum women? [ ]  Yes [ ]  No

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| **Please consider the following statements regarding this practice and its pregnant and postpartum patients:** |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| Providers meet the needs of patients with depression and anxiety. |  |  |  |  |  |  |
| Providers ensure that patients with depression and anxiety receive timely treatment. |  |  |  |  |  |  |
| Providers treat patients with antidepressant medications for depression and anxiety. |  |  |  |  |  |  |
| When a patient is prescribed an antidepressant, providers will follow up with the patient. |  |  |  |  |  |  |
| When a patient is prescribed an antidepressant, providers will monitor the patient’s depression and/or anxiety severity with a validated screening tool at subsequent visits. |  |  |  |  |  |  |
| Providers facilitate referrals for patients to mental health specialists. |  |  |  |  |  |  |
| This practice has standard processes for directing patients to appropriate mental health resources in the community. |  |  |  |  |  |  |
| Support staff have the knowledge and skills they need to detect and address depression and anxiety disorders. |  |  |  |  |  |  |
| Providers meet the needs of patients with substance use disorders. |  |  |  |  |  |  |
| Providers ensure that patients with substance use disorders receive timely treatment from a substance use specialist. |  |  |  |  |  |  |
| Providers facilitate referrals for patients to substance use specialists. |  |  |  |  |  |  |
| This practice has standard processes for directing patients to appropriate substance use disorder resources in the community. |  |  |  |  |  |  |
| Support staff have the knowledge and skills they need to detect and address substance use disorders. |  |  |  |  |  |  |