

Redacted Provider Survey

Introduction

XXXXXX has asked the University of Vermont to evaluate its impact on primary care delivery in Vermont. You were selected to take part in this evaluation because of your participation in XXXXXX.

Project Procedures

If you take part in the project, you will be asked to answer a short series of questions about how XXXXXX impacts your delivery of primary care.

Time

The survey will take approximately 5 minutes of your time.

Risks and Benefits

There are no risks associated with this project. You have been contacted by email, but this identifying information will only be used to provide you with the survey link and will be deleted at the end of the project. There is the risk of a breach of confidentiality that the project team will take steps to minimize, as noted in the confidentiality section below.

There will be no costs to you for participation in this project other than your time. You will not be paid to take part in this project. You will not receive any direct benefits from participating in this survey other than service improvements XXXXXX intends to make as guided by survey responses.

Confidentiality

Identifying information from the survey will only be used by the UVM project team. Your permission to use your responses will not expire unless you tell us you want to cancel it. The project will continue to use the survey information already collected for the project before you cancelled your permission and you cannot get back information that was already shared with others. No identifiable information will be shared outside the project team.

Voluntary Participation/Withdrawal

Taking part in this project is voluntary. You are free to not answer any questions and can withdraw at any time. If you choose to stop taking part in this project, you may cancel permission for the use of your survey responses at any time. You must let the project team know that you are cancelling your permission. A member of the project team will assist you in making your decision effective.

Questions

If you have any questions about this project now or in the future, you may contact the project director, Dr. Connie van Eeghen via the email address Constance.Van-Eeghen@med.uvm.edu. If you have questions or concerns about your rights as a project participant, you may contact the Director of the Research Protections Office at (802) 656-5040.

If you decide to participate in the project, we ask you to take all questions seriously and honestly. Data are collected for the purposes of evaluation and improvement and to inform public health policy. Keep in mind that your participation is voluntary, and you can at any time decide to stop answering the survey.

- Yes - I would like to participate in the survey
- No

By clicking on "Yes- I would like to participate in the survey" you give your consent to take part in the project and the survey will be launched.

Please indicate the extent to which you agree or disagree with the following statements

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
My job would be more difficult to perform without XXXXX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX gives me greater control over my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with XXXXXX improves the quality of care I deliver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX data services address my care delivery needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with XXXXXXXX saves me time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX enables me to accomplish tasks more quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX supports critical aspects of my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating with XXXXXX allows me to accomplish more work than would otherwise be possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating with XXXXXX reduces the time I spend on unproductive activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating with XXXXXX enhances my effectiveness on the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating with XXXXXX increases my productivity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating with XXXXXX makes it easier to deliver care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I find XXXXXX useful for care delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I find it easy to get XXXXXX to do what I want it to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with XXXXXX requires a lot of effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am rarely confused about the services offered by XXXXXX.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX is rigid and inflexible to interact with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX provides helpful guidance in performing tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it cumbersome to work withX XXXXXX.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with XXXXXX is rarely frustrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX often behaves in unexpected ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I find XXXXXX easy to work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I know what XXXXXX does	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a member of XXXXXX by choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XXXXXX rewards me for good outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following best describes the type of practice where you work:

- Independent Group Practice
- Independent Individual Practice
- Hospital based Practice
- FQHC
- Other

How would you describe your practice type?

Which of the following best describes your professional background:

- Physician
- Advanced Practice Provider
- Other

How would you describe your professional background?

What percentage of patients you provide care for do you think are attributed to XXXXXX?

What is the zip code of the primary practice where you work?

Practice name:

In which Health Service Area (HSA) are you located?
