

Date (dd/mm/yy): ____/____/____

Basic Information:

1. Age _____

2. Gender: Male Female

3a. Ethnicity: Hispanic or Latino/Latina Non Hispanic or Latino/Latina

3b. Race: (select all that apply)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other: _____

Provider Characteristics:

4. What type of provider are you: Physician Nurse Practitioner Physician Assistant
 4a. Are more than 50% of your clients adults (>18y/o)? Yes No (If no, please stop survey)

5. In training (residency, fellowship, or other)? Yes No (If no, please skip to question #6)
 5a. Specify type of training program (e.g., internal medicine, nurse practitioner): _____
 5b. Year of graduation from training: _____

6. Approximate percentage (%) of time per week is spent in the following practice settings:

Private practice	_____	%
Hospital setting	_____	%
Outpatient primary care clinic	_____	%
Research (<i>circle which applies: lab/clinic</i>)	_____	%
TOTAL	100	%

7. Which clinic(s) do you work in? (Please select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Castro Mission Health Clinic | <input type="checkbox"/> Lyon-Martin Health Services | <input type="checkbox"/> San Francisco Free Clinic |
| <input type="checkbox"/> Cole Street Clinic | <input type="checkbox"/> Maxine Hall Health Center | <input type="checkbox"/> SFGH General Medical Clinic |
| <input type="checkbox"/> Chinatown Public Health Center | <input type="checkbox"/> Mission Neighborhood Health Center | <input type="checkbox"/> SFGH Family Health Center |
| <input type="checkbox"/> Curry Senior Center | <input type="checkbox"/> Native American Health Center | <input type="checkbox"/> Silver Avenue Family Health |
| <input type="checkbox"/> Glide health Services | <input type="checkbox"/> North East Medical Services | <input type="checkbox"/> Southeast Health Center |
| <input type="checkbox"/> Haight Ashbury Free Clinic, INC | <input type="checkbox"/> Ocean Park Health Center | <input type="checkbox"/> South of Market Health Center |
| <input type="checkbox"/> Housing & Urban health Clinic | <input type="checkbox"/> Potrero Hill Health Center | <input type="checkbox"/> Tom Waddell Health Center |
| <input type="checkbox"/> Larkin Street Clinic | <input type="checkbox"/> Saint Anthony Free Medical Clinic | |

8. Approximate percentage (%) of patients in your clinic having the following primary source of insurance:

Privately insured	_____	%
Publicly insured (e.g., Medicaid, Medicare)	_____	%
Self-pay (able to pay)	_____	%
Uninsured	_____	%
TOTAL	100	%

9. Total number of unique outpatients you saw across all practice settings in the last month: _____

→ Continue

10. Approximate percentage (%) of your patients with the following primary psychiatric diagnoses:

Schizophrenia or schizoaffective disorder	_____	%
Bipolar I or II disorder	_____	%
Major depression or other depression	_____	%
Other Psychiatric Diagnosis	_____	%
TOTAL	_____	%

11. Approximate percentage of these psychiatric patients that are being prescribed antipsychotic medications at risk for causing metabolic dysfunction, such as increased BMI, obesity, and diabetes (e.g. olanzapine, risperdone, chlorpromazine): _____ %

12. Are you aware of the ADA/APA (American Diabetes Association, American Psychiatric Association) consensus statement describing metabolic risks associated with second generation antipsychotic medications and specifying a monitoring protocol for patients taking these medications?
 YES NO

Physician Attitudes:

For each question, please circle the choice that best fits your response:

13. How strongly do you agree or disagree with the following statements?

a. **Individuals with schizophrenia are more at risk than the general population for suffering metabolic dysfunction, such as increased BMI, obesity, and diabetes.**

Strongly disagree Disagree Neutral Agree Strongly agree

b. **Some antipsychotic medications can contribute to metabolic dysfunction, such as increased BMI, obesity, and diabetes.**

Strongly disagree Disagree Neutral Agree Strongly agree

Physician Roles:

For each question, please circle the choice that best fits your response:

Roles in Monitoring:

14. How strongly do you agree or disagree with the following statements?

Monitoring metabolic risk factors (such as BMI, BP, glucose, and/or lipids) in patients on antipsychotics at risk of causing metabolic dysfunction is the role of:

a. **Primary care providers, not psychiatrists** or mental health clinics.

Strongly disagree Disagree Neutral Agree Strongly agree

b. The **psychiatrist or mental health clinic**, *only if* patients do not have an established primary care provider.

Strongly disagree Disagree Neutral Agree Strongly agree

c. The **psychiatrist or mental health clinic**, *even if* patients have established primary care.

Strongly disagree Disagree Neutral Agree Strongly agree

→ Continue

Roles in Treatment:

15. How strongly do you agree or disagree with the following statements about the responsibility of **community psychiatrists**?

If patients **in a mental health clinic** are found to have abnormalities in metabolic risk factors that are likely caused by treatment with antipsychotic medications, the following interventions may be the **responsibility of the treating psychiatrist**:

a. Responsibility of **psychiatrists to refer to primary care providers** or other medical follow-up

Strongly disagree Disagree Neutral Agree Strongly agree

b. Responsibility of **psychiatrists to directly contact patients' primary care** or other medical providers

Strongly disagree Disagree Neutral Agree Strongly agree

c. Responsibility of **psychiatrists to maintain contact with primary care** or other medical providers regarding continuing treatment of metabolic risk factors

Strongly disagree Disagree Neutral Agree Strongly agree

d. Responsibility of **psychiatrists to provide patients with literature** regarding metabolic syndrome and related metabolic risk indicators

Strongly disagree Disagree Neutral Agree Strongly agree

e. Responsibility of **psychiatrists to refer patients to weight loss programs**, or other related psychosocial or support group programs

Strongly disagree Disagree Neutral Agree Strongly agree

f. Responsibility of **psychiatrists to refer patients to smoking cessation programs**

Strongly disagree Disagree Neutral Agree Strongly agree

16. How strongly do you agree or disagree with the following statement?

a. Prescribing oral medications to treat elements of metabolic dysfunction (e.g., statins, metformin) may, **in certain circumstances**, be the responsibility of **the outpatient treating psychiatrist**.

Strongly disagree Disagree Neutral Agree Strongly agree

b. In which of the following circumstances do you think it would be appropriate to have the **treating outpatient psychiatrist** prescribe oral medications to treat elements of metabolic dysfunction? Please select all that apply.

- In extremely rare circumstances (e.g., patients requesting emergency refills)
- Sharing responsibility for treatment in partnership with a primary care or other medical provider
- If a patient does not have access to primary care or other medical providers
- If the **psychiatrist** is the sole provider treating elements of metabolic dysfunction

Barriers to Monitoring:

17. In the following section, please rate the degree to which the factors listed below are significant barriers to monitoring *your* patients for metabolic risk. For each factor, circle one of the following that best suits your response to whether you agree or disagree that the factor is a significant barrier to monitoring: strongly disagree (1), disagree (2), neutral (3), agree (4), or strongly agree (5), or select N/A if the factor is not relevant to your patients or practice environment.

I believe the following **patient factors** are a barrier to monitoring patients for monitoring metabolic risk:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Gender	1	2	3	4	5	N/A
Lack of insurance	1	2	3	4	5	N/A
Lack of income	1	2	3	4	5	N/A
Ethnic or cultural factors	1	2	3	4	5	N/A
Fluency of English	1	2	3	4	5	N/A
Legal status	1	2	3	4	5	N/A
Lack of education	1	2	3	4	5	N/A
Severity of psychiatric illness	1	2	3	4	5	N/A

I believe the following **staffing or physician factors (at your primary care clinic)** are a barrier to monitoring patients for monitoring metabolic risk:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Insufficient staff availability	1	2	3	4	5	N/A
Insufficient staff awareness	1	2	3	4	5	N/A
Insufficient staff training	1	2	3	4	5	N/A
Insufficient physician time	1	2	3	4	5	N/A
Ability to counsel this population about metabolic problems	1	2	3	4	5	N/A
Ability to treat metabolic problems in this population	1	2	3	4	5	N/A
Insufficient reimbursement for screening	1	2	3	4	5	N/A
Insufficient reimbursement for treatment	1	2	3	4	5	N/A
Burden of documentation	1	2	3	4	5	N/A
Difficulty accessing laboratory data	1	2	3	4	5	N/A
Medicolegal liability of testing patients	1	2	3	4	5	N/A
Medicolegal liability of treatment	1	2	3	4	5	N/A

I believe the following **referral and collaboration factors** are a barrier to monitoring patients for monitoring metabolic risk in our health care system in San Francisco County:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Difficulty arranging referral for psychiatric follow-up	1	2	3	4	5	N/A
Lack of access to psychiatric follow-up	1	2	3	4	5	N/A
Wait times for appointments for psychiatric follow-up	1	2	3	4	5	N/A
Difficulty collaborating with physicians providing psychiatric follow-up	1	2	3	4	5	N/A
Increased cost of collaborative care	1	2	3	4	5	N/A

→ Continue

18. Please use the below list of barriers to answer the following questions:

a. Please rank numerically (**with 1, 2, and 3**) what you think are the **top 3 barriers** in your practice to screening and monitoring patients on antipsychotics at risk for causing metabolic dysfunction:

- | | |
|--|---|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Ability to counsel these patients about metabolic problems |
| <input type="checkbox"/> Lack of insurance | <input type="checkbox"/> Ability to treat metabolic problems in this population |
| <input type="checkbox"/> Lack of income | <input type="checkbox"/> Insufficient reimbursement for screening |
| <input type="checkbox"/> Ethnic or cultural factors | <input type="checkbox"/> Insufficient reimbursement for treatment |
| <input type="checkbox"/> Fluency of English | <input type="checkbox"/> Burden of documentation |
| <input type="checkbox"/> Legal status | <input type="checkbox"/> Difficulty accessing laboratory data |
| <input type="checkbox"/> Lack of education | <input type="checkbox"/> Medicolegal liability of testing patients |
| <input type="checkbox"/> Severity of psychiatric illness | <input type="checkbox"/> Medicolegal liability of treatment |
| <input type="checkbox"/> Insufficient staff availability | <input type="checkbox"/> Difficulty arranging referral for psychiatric follow-up |
| <input type="checkbox"/> Insufficient staff awareness | <input type="checkbox"/> Lack of access to qualified psychiatric follow-up |
| <input type="checkbox"/> Insufficient staff training | <input type="checkbox"/> Wait times for appointments for psychiatric follow-up |
| <input type="checkbox"/> Insufficient physician time | <input type="checkbox"/> Difficulty collaborating with psychiatrists |
| | <input type="checkbox"/> Increased cost of collaborative care |

b. If you could only choose **ONE** barrier from the above list of barriers that has the largest impact on screening, which would that be?

19. How strongly do you agree or disagree with the following statement?

Solving the **ONE** barrier I have listed above is likely to make a measurable impact in the rate of metabolic screening for patients at risk for developing metabolic dysfunction.

Strongly disagree Disagree Neutral Agree Strongly agree

Thank You!

Please return the completed survey to Dr. Christina Mangurian in the return envelope provided. Surveys can be submitted in person or returned with the pre-stamped self-addressed envelope provided to the following address: 1001 Potrero Ave., Suite 7M, San Francisco, CA, 94110. As a reminder, this survey is completely voluntary and all information collected will remain anonymous.

Additional questions can be directed to:

Christina Mangurian, MD
Primary Investigator
Christina.Mangurian@ucsf.edu
Tel: (415) 206-5925

Funmi Giwa
Research Assistant
Aishat.Giwa@ucsf.edu
Tel: (415) 206-3763