

AMGA Research Program on Cardiometabolic Risk

Organizational Characteristics:

1. Medical Group Name:

2. State:

NOTE TO PROGRAMMER: Insert standard drop-down state list.

3. Who owns your organization?

- Physicians in the organization
- Hospital/hospital system/health system
- HMO or other insurance entity
- Jointly owned
- Other (please specify: _____)

4. Please indicate the total number (Not FTE) of each of the following personnel employed at your physician organization across all locations/practices.

- Less than 5
- 6 - 10
- 11 - 20
- 21 – 30
- More than 30

Primary Care:

Specialty Care:

5. Which specialties are represented in your Medical Group (check all that apply):

Primary Care	Urology	Geriatric Medicine
Internal Medicine	Obstetrics/ Gynecology	Oncology
Endocrinology	Dermatology	Orthopedics
Cardiology	Pediatrics	

6. Please give your best estimate of the percentage of patients whose care is covered by:

- Less than 10%
- 11 – 25%
- 26 – 50%
- 51 – 75%
- More than 75%

- Commercial or private insurance
- Medicare
- Medicaid or other public insurance
- Uninsured
- Other

1. Does your organization have a standard definition of cardiometabolic risk?
 - Yes → ENABLE Q1a
 - No

1a. Please tell us your standard definition of Cardiometabolic Risk:

2. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree		Strongly Agree
Cardiometabolic risk encompasses a cluster of modifiable risk factors and markers that identify individuals at increased risk of cardiovascular disease (myocardial infarction [MI], stroke, peripheral arterial disease [PAD]), and type 2 diabetes mellitus (T2DM).						

3. Which of the following do you believe are cardiometabolic risk factors? (check all that apply)

Elevated blood pressure	
Obesity / abdominal adiposity	
Low HDL-C	
Elevated triglycerides	
Elevated blood glucose	
Smoking	
Elevated LDL-C	
Inflammatory markers	
Insulin resistance	

For the remainder of this survey, please consider the term “cardiometabolic risk” as describing the cluster of modifiable risk factors/markers that identify individuals at increased risk for cardiovascular disease (CVD) (myocardial infarction [MI], stroke, peripheral artery disease [PAD]) and type 2 diabetes. The cluster of modifiable risk factors are:

- | | |
|--------------------------|----------------------|
| Elevated blood pressure* | Smoking |
| Abdominal adiposity* | Elevated LDL-C |
| Low HDL-C* | Inflammatory markers |
| Elevated triglycerides* | Insulin resistance |
| Elevated blood glucose* | |

* These 5 risk factors are in the ATP III definition of metabolic syndrome

4. Which statement below most reflects the situation at your Medical Group:
- Healthcare providers across the Group have a good understanding of cardiometabolic risk
 - Healthcare providers generally have an inconsistent understanding of cardiometabolic risk
 - Certain types of specialists have a good understanding of cardiometabolic risk → ENABLE Q4a

4a. Please identify the types of specialists that have a good understanding of cardiometabolic risk:

5. If your organization could increase its consistency in definition and understanding of cardiometabolic risk across specialties, which of the following would you expect to occur at your Medical Group:

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree		Strongly Agree
Improvement in identification of patients with multiple cardiometabolic risk factors						
More efficient and effective coordination of care across specialties						
Better management of risk factors and improvement in patient health outcomes						
Reduction or delay in the onset of disease for more patients						

6. According to the third National Health and Nutrition Examination Survey published in JAMA in 2002, approximately 47 million Americans are estimated to have at least 3 of the 5 cardiometabolic risk factors that define metabolic syndrome. This is roughly 24% of the adult population. What percentage of adult patients at your Medical Group would you estimate as having 3 or more cardiometabolic risk factors?

- _____ Less than 5%
- _____ 5 – 10%
- _____ 11 – 20%
- _____ 21 – 25%

_____ 26% or more
_____ I do not know

7. Which of the following statements describe the degree to which your Medical Group focuses on cardiometabolic risk. (check all that apply)
- Management of cardiometabolic risk is a top 5 focus area for our Medical Group
 - We have a cardiometabolic risk quality care program in place, or are planning to put one in place over the next 12 months
 - Cardiometabolic risk has the same degree of emphasis as other chronic conditions that we treat
 - Cardiometabolic risk has less emphasis than other chronic conditions that we treat
 - Management of cardiometabolic risk is not a high focus area
8. When patients have **one or more cardiometabolic risk factors**, how often do healthcare providers in your Medical Group use the following measures to check if these patients are overweight or obese?

Measure	Never	Rarely	Sometimes	Most of the time	All of the time
BMI					
Waist Circumference					

9. In managing patients that are **obese or overweight with additional cardiometabolic risk factors**, healthcare providers in your Medical Group are:
- More concerned about managing subcutaneous fat
 - More concerned about managing visceral fat
 - Equally concerned about managing fat, regardless of type
 - I do not know

10. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree		Strongly Agree
Encouraging patients to become physically active is an effective approach to reducing obesity						
Encouraging patients to follow a prescribed diet is an effective approach to reducing obesity						
Pharmacotherapies are effective in reducing obesity						
Weight loss achieved through diet and exercise is more effective at reducing cardiometabolic risk than weight loss achieved by medication or surgery						
Lack of effective treatment is a major challenge for treating obesity						
Intra-abdominal adiposity is a key contributor to the development of cardiometabolic risk						
Excess abdominal fat typically is accompanied by elevated levels of C-reactive protein (CRP) and free fatty acids (FFAs), and elevated levels of CRP are considered to be predictive of CVD and insulin resistance						
Intra-abdominal adiposity is associated with insulin resistance, elevated inflammatory markers, dyslipidemia, and hypertension						

11. Which statement below most reflects the situation at your Medical Group?

- Healthcare providers across the Group understand intra-abdominal adiposity and its role as a cardiometabolic risk factor
- Regardless of specialty, healthcare providers generally have an inconsistent understanding of intra-abdominal adiposity
- Certain specialists understand intra-abdominal adiposity → ENABLE Q11a

11a. Please identify the types of specialists that understand intra-abdominal adiposity:

12. In your Medical Group, when healthcare providers are managing **overweight / obese patients with additional cardiometabolic risk factors**, which measures are used to determine successful treatment of obesity? (check all that apply) For each measure selected, indicate the approximate numerical results that would indicate successful treatment)

- Decrease in absolute body weight: → ENABLE follow-up
Amount of decrease indicating successful treatment: units?
- Decrease in BMI: → ENABLE follow-up
Amount of decrease indicating successful treatment: units?
- Decrease in waist circumference: → ENABLE follow-up
Amount of decrease indicating successful treatment: units?
- Waist to Hip ratio: → ENABLE follow-up
Change in ratio indicating successful treatment: units?

The Endocannabinoid System (ECS) is an endogenous hormonal signaling system that plays a role in the regulation of energy homeostasis and lipid and glucose metabolism- all of which influence cardiometabolic risk.

13. How familiar are you with the ECS and its influence on cardiometabolic risk?

- Very familiar
- Moderately familiar
- Slightly familiar
- Unfamiliar

14. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree		Strongly Agree
Overactivation of the ECS, both centrally and peripherally, influences weight gain and contributes to metabolic abnormalities						
Modifying the ECS through clinical means will have a positive effect on reducing cardiometabolic risk						

15. How important is it to increase the level of knowledge about the ECS across your Medical Group?

- Very important
- Important
- Marginally important
- Not important
- I am not sure

16. For patients that are **overweight or obese with additional cardiometabolic risk factors**, to what degree are the following diagnostic and treatment actions performed in your Medical Group impacted by health plan payment levels:

Diagnostic or Treatment Action	Never Impacted	Rarely Impacted	Sometimes Impacted	Often Impacted
Time spent educating a patient on cardiometabolic risk and the implications of being overweight				
Types or frequency of diagnostic tests ordered				
Prioritization of cardiometabolic risk factors to treat				
Choice of medications prescribed to patients for being obese or overweight				
Choice of medications prescribed to patients for other risk factors				
Referrals to healthcare specialists for help with lifestyle changes or disease education				

17. If insurer/health plan payment levels for obesity treatment were increased, how might this affect how your Medical Group treats **overweight or obese patients with additional cardiometabolic risk factors**:

<i>No change; patients would be managed no differently than today</i>	<i>Moderately more aggressive in treating obesity but maintain emphasis on other risk factors</i>	<i>Obesity would be treated as aggressively as other risk factors</i>

a. To what degree do you believe increases in insurer/health plan coverage for obesity treatment would impact outcomes for patients with multiple cardiometabolic risk factors?

<i>Worse outcomes than achieved today are possible</i>	<i>Outcomes will generally remain the same as achieved today</i>	<i>Moderately better outcomes are possible</i>	<i>Much better outcomes are possible</i>

18. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree		Strongly Agree
Patients who present with at least one cardiometabolic risk factor are routinely assessed for the entire cluster of cardiometabolic risk factors						
A treatment strategy focused on a cluster of cardiometabolic risk factors will produce better outcomes than treatment of individual risk factors						
Lack of effective treatment is a major challenge in treating cardiometabolic risk in general						
Current clinical guidelines help our Medical Group identify and manage patients with multiple cardiometabolic risk factors						

For the list below, please indicate the degree to which each item is a barrier in managing cardiometabolic risk and obesity. Use a 1-10 scale where 1 = not a barrier and 10 = a major barrier:

19. Physician lack of time to counsel and educate patients
20. Patient non-compliance with physician recommendations
21. Patient non-compliance with pharmacotherapy
22. Lack of patient knowledge about cardiometabolic risk
23. Lack of the historical patient response to obesity treatments and weight management programs
24. Lack of physician incentives to proactively diagnose and treat global cardiometabolic risk factors
25. Physician lack of knowledge about cardiometabolic risk
26. Health plan policies limit patient access to counseling and education programs
27. Health plan policies limit patient access to pharmacotherapy for obesity
28. Health plan policies limit patient access to drugs for other cardiometabolic risk factors

29. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree		Strongly Agree
Our Medical Group has the tools and information needed to effectively manage patients with multiple cardiometabolic risk factors						
Quality metrics in place today at our Medical Group strongly encourage and reinforce CMR care						

30. Listed below are examples of tools, informational resources and other items that could potentially help manage patients with **multiple cardiometabolic risk factors**. Please rate the degree of need at your Medical Group for these items from 1-10, with 1 = not needed and 10 = critically needed.

	Rating
Cardiometabolic risk toolkits for clinicians describing diagnosis, guidelines and management	
Tools and education for identifying patients with multiple cardiometabolic risk factors	
Decision support tools and information at point-of-care	
Best practice sharing of cardiometabolic risk diagnosis and treatment across AMGA-member Medical Groups	
Use of longitudinal patient health care information for comparative data and benchmarking across AMGA-member Medical Groups	
Education to drive a common definition of cardiometabolic risk across specialties	
Use of electronic health records and patient health records as a tool for patient management	
Education on the impact and management of clustered risk factors	
Improvement in how patients with multiple cardiometabolic risk factors flow through the Medical Group	
Improvement in how care is coordinated across specialists	

31. Please describe any additional tools, resources or gaps to address that would help improve the care of patients with multiple cardiometabolic risk factors at your Medical Group:

32. Please describe any 'best practices' you have seen or heard about for improving the care and outcomes of patients with cardiometabolic risk:

Thank you very much for your time in answering these questions. We look forward to sharing the results during the AMGA's 2007 Institute for Quality Leadership Annual Conference held

September 27-29 at the Sheraton New Orleans Hotel, New Orleans, LA. To register visit www.amga.org.