**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 specialist   1. 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. |  |  |  |  |  |  |