



#### PRIMARY CARE PROVIDER BACKGROUND QUESTIONNAIRE

Thank you for participating in this *Patient-Centered Depression Care for African Americans* study funded by the Agency for Healthcare and Quality.

1. If you have any questions, feel free to call Lisa A. Cooper, MD, MPH at Johns Hopkins University at (410) 614-3659.
2. Please return your completed questionnaire to our research assistant as soon as possible.

#### STATEMENT OF CONFIDENTIALITY

All information that would permit identification of health care providers or their patients will be regarded as strictly confidential, will be used only for the purposes of conducting and evaluating the study, and will not be disclosed or released for any other purpose without prior consent.

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Site: \_\_\_\_\_

Date: \_\_\_\_\_

1. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age? \_\_\_\_\_
2. What is your gender? (Circle one.) Female 1 Male 2
3. What do you consider to be your main ethnic or racial group? (Circle one.)
- |                                   |   |
|-----------------------------------|---|
| White (not of Latino origin)      | 1 |
| Black (not of Latino origin)      | 2 |
| Hispanic or Latino                | 3 |
| Asian or Pacific Islander         | 4 |
| American Indian or Alaskan Native | 5 |
| Other                             | 6 |
- If other, please specify: \_\_\_\_\_
5. What is your medical specialty? (Circle one.)
- |                   |   |
|-------------------|---|
| Internal medicine | 1 |
| Family medicine   | 2 |
| General practice  | 3 |
| Other             | 4 |
- If other, please specify: \_\_\_\_\_
6. If "internal medicine", did you complete a primary care internal medicine program? (Circle one.)
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |
7. Are you board certified in your specialty? (Circle one.)
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |
8. What best describes your level of training? (Circle one.)
- |                     |   |
|---------------------|---|
| MD                  | 1 |
| DO                  | 2 |
| Nurse Practitioner  | 3 |
| Physician Assistant | 4 |
9. What year did you complete your residency or professional training program? 

--	--	--	--
10. How many years have you been practicing at your current office/ practice location? years/practice

--	--

The following questions refer to your experiences at this office.

Thinking about a **typical week**:

11. How many **outpatient visits** do you have with adults 18 years or older per week in this office?

adult visits/wk 

--	--	--

11. Of these patients, what percent are for **new patient care**?

new pt visits/wk 

--	--

 %

12. Of these patients, what percent are for **follow-up care**?

follow-up visits/wk 

--	--

 %

13. Of these patients, what percent are for **urgent or emergency care**?

urgent visits/wk 

--	--

 %

Total

1	0	0
---	---	---

 %

14. For **new patients**, how long on the average does a patient spend with you?

minutes/new visit


15. For typical **follow-up visits**, how long on average does a patient spend with you?

minutes/follow-up


16. How many hours in a **typical week** do you work?

--	--	--

Average hrs/work wk

Throughout this questionnaire, **patient with depression refers** to people with a current major depressive episode or dysthymic disorder.

17. About how much time during the **past 3 years** have you actively participated in continuing medical education (CME) specifically for:

a. Major Depressive Disorder

--	--	--

hrs CME/past 3 yrs

b. Diversity/ Cultural Competency

--	--	--

hrs CME/past 3 yrs

c. Patient/ Provider Communication

--	--	--

hrs CME/past 3 yrs

18. Since completion of your residency or professional training, have you participated in training on basic office counseling skills?

(circle one.)

Yes

No

1

2

19. Have you ever had formal training that utilized:

(circle one.)

Yes

No

a) Simulated patient/s

1

2

b) Role playing

1

2

20. Do you feel that you need to change or improve the way you evaluate and manage patients with depression? (Circle one.)
- |            |   |
|------------|---|
| Definitely | 1 |
| Probably   | 2 |
| Maybe      | 3 |
| No         | 4 |
21. Have you decided to make a serious effort to change the way you evaluate and manage patients with depression in the next year? (Circle one.)
- |            |   |
|------------|---|
| Definitely | 1 |
| Probably   | 2 |
| Maybe      | 3 |
| No         | 4 |
22. Approximately how many **times in the last week** have you prescribed antidepressant medication for a patient with symptoms of depression (new or refill)? *times/wk* \_\_\_\_\_
23. To what extent do financial considerations influence your continued treatment of depressed patients? (Circle one.)
- |              |   |
|--------------|---|
| Not at all   | 1 |
| A little bit | 2 |
| Moderately   | 3 |
| Quite a lot  | 4 |
24. Is your practice reimbursed by most insurance carriers even if the primary reason for a patient's visit (according to the ICD code you select) is for a mental health diagnosis? (Circle one.)
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |
25. Is a mental health specialist available on a part or full-time basis at your practice site? (Circle one.)
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |
26. If antidepressant medication samples were available at your practice site, which would you prefer? \_\_\_\_\_ (write in)

**Please read this clinical scenario and answer the questions as if you were seeing this patient in your current practice setting and the patient is covered by the insurance plan most common in your practice:**

A woman in her 30s with health insurance comes into your office today reporting that she has been increasingly depressed over the past 2 months, with disturbed sleep, decreased appetite, difficulty with concentration, persistent hopelessness, and difficulty getting going in the morning. She is not suicidal. She has not previously been treated for depression. She has missed a few days of work due to depression this month. Her physical examination is normal. She is willing to consider either medication or psychotherapy.

(Circle one number on each line.)

What is the likelihood that you would use each of the treatment(s) listed below as the first-line treatment for **this patient's depression**?

- |   | Very unlikely | 1 | 2 | 3 | 4 | 5 |
|---|---------------|---|---|---|---|---|
| 27. Assess but would not treat at this time     |               |   |   |   |   |   |
| 28. Personally prescribe medication             |               |   |   |   |   |   |
| 29. Personally counsel or provide psychotherapy |               |   |   |   |   |   |
| 30. Refer to mental health specialist           |               |   |   |   |   |   |

- |   | Never | 1 | 2 | 3 |
|---|-------|---|---|---|
| 31. Do you have educational pamphlets/videos about depression for patients easily available in your office?             |       |   |   |   |
| 32. Do you have a copy of depression practice guidelines easily available for you to refer to when caring for patients? |       |   |   |   |
| 33. How useful do you find these depression practice guidelines?  |       |   |   |   |

- |                 |   |
|-----------------|---|
| Not useful      | 1 |
| Somewhat useful | 2 |
| Very useful     | 3 |
| Do Not Know     | 8 |

When you talk with your patients about their depression, how often do you do each of the following during a typical visit?

- |  | Not at all | 1 | 2 | 3 | 4 |
|--|------------|---|---|---|---|
| 34. Listen and make supportive remarks   |            |   |   |   |   |
| 35. Reframe or clarify patient problems  |            |   |   |   |   |
| 36. Determine patient treatment preferences  |            |   |   |   |   |
| 37. Develop a treatment plan that gives the highest priority to your patients' preferences |            |   |   |   |   |
| 38. Discuss costs of alternative treatments  |            |   |   |   |   |
| 39. Discuss how depression might affect a medical illness                                  |            |   |   |   |   |

40. Discuss how to address any functional impairment at work	1	2	3	4
41. Suggest more involvement in pleasurable activities	1	2	3	4
42. Encourage positive thinking	1	2	3	4
43. Discuss approaches to improving social skills	1	2	3	4
44. Recommend ways to take better care of oneself	1	2	3	4

Very certain 5

Certain 4

Not sure 3

Uncertain 2

Very uncertain 1

How **certain** do you feel that you could:

45. Accurately describe to a depressed patient how the mental health triage system works	1	2	3	4	5
46. Accurately describe to a depressed patient what psychotherapy might be like with the specialty mental health providers they would see	1	2	3	4	5
47. Get timely and helpful advice from a psychiatrist or psychologist in a psychiatric emergency	1	2	3	4	5
48. Get timely and helpful advice from a specialty mental health provider when treating a patient with a complicated case of depression who does not respond to first line treatment	1	2	3	4	5

49. How often are you able to obtain high quality mental health services for your patients when you think it is medically necessary?	Never	1
	Rarely	2
	Frequently	3
	Almost always	4
	Always	5

For how many patients with the following diagnosis have you ever worked with a care manager? (Circle one per line.)

	A None	B 1-5	C 6-20	D > 20
50. Depression	0	1-5	6-20	> 20
51. Diabetes	0	1-5	6-20	> 20
52. Any other condition	0	1-5	6-20	> 20

Please specify: \_\_\_\_\_

How **skilled** do you think **you** are in providing the following services for depressed patients?

Very skilled 4

Somewhat skilled 3

Slightly skilled 2

Not skilled at all 1

53. Diagnosing major depression	1	2	3	4
54. Diagnosing other psychiatric comorbidity (bipolar, substance abuse, post-traumatic stress disorder)	1	2	3	4
55. Managing simple antidepressant therapy (one medication)	1	2	3	4
56. Managing complex anti-depression therapy (two or more medications)	1	2	3	4
57. Providing depressed patients with emotional support and problem				

	solving strategies	1	2	3	4
58.	Providing patients self-management support	1	2	3	4
59.	Providing cognitive/behavioral therapy or interpersonal therapy in 30-60 minute sessions	1	2	3	4
60.	Describing care given in specialty mental health care	1	2	3	4
61.	Following patients who have recovered from a depressive episode at least every 6 months	1	2	3	4
62.	Using information on current performance to improve quality of depression care	1	2	3	4

Strongly agree 5  
Somewhat agree 4

To what extent do you agree or disagree with the following statements?

Neither agree nor disagree 3

Somewhat disagree 2

Strongly disagree 1

63.	I feel stressed out in my current position.	1	2	3	4	5
64.	I feel a reduced sense of accomplishment at my job.	1	2	3	4	5
65.	I feel more stressed in my position than other providers doing the same kind of work.	1	2	3	4	5
66.	I don't feel enthusiastic about my job.	1	2	3	4	5
67.	My job exhausts me.	1	2	3	4	5
68.	I feel that my stress level interferes with my ability to deliver quality care.	1	2	3	4	5

Strongly agree 5

Somewhat agree 4

To what extent do you agree or disagree with the following statements:

Neither agree nor disagree 3

Somewhat disagree 2

Strongly disagree 1

69.	My patients want me to investigate their depression problems.	1	2	3	4	5
70.	If I address depression issues, patients may reject my care and never return.	1	2	3	4	5
71.	I am not intruding when I ask depression questions.	1	2	3	4	5
72.	My patients feel questions about depression in their lives are irrelevant.	1	2	3	4	5
73.	If I deal with depression issues, my patients will come back.	1	2	3	4	5
74.	Patients will reject the idea of my diagnosis.	1	2	3	4	5
75.	Evaluating and treating depression problems will cause me to be more overburdened than I already am.	1	2	3	4	5
76.	I am not too pressed for time to routinely investigate depression issues.	1	2	3	4	5
77.	One reason I do not consider information about depression is the limited time I have available.	1	2	3	4	5
78.	Patients will not become more dependent on me if I open up depression concerns.	1	2	3	4	5
79.	Consideration of depression problems will require more effort than I have to give.	1	2	3	4	5
80.	Investigating issues of depression increases my efficiency.	1	2	3	4	5
81.	Patients with depression concerns tend to become dependent on me.	1	2	3	4	5

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 82. | Patients are reluctant to accept the idea of treatment for depression.                   | 1 | 2 | 3 | 4 | 5 |
| 83. | Medication and psychotherapy are equally efficacious for depression.                     | 1 | 2 | 3 | 4 | 5 |
| 84. | Most tricyclic antidepressants have equivalent efficacy as SSRIs for depressed patients. | 1 | 2 | 3 | 4 | 5 |

State your confidence with the following:

(circle one.)

- |  | Not at all<br>confident        | Not very<br>confident        | Somewhat<br>confident        | Very confident         |
|--|--------------------------------|------------------------------|------------------------------|------------------------|
| 85. How confident are you in your ability to care for African American patients?                       | 1                              | 2                            | 3                            | 4                      |
| 86. How confident are you in your ability to care for socioeconomically disadvantaged patients         | 1<br>Not at all                | 2<br>Not very<br>important   | 3<br>Somewhat<br>important   | 4<br>Very important    |
| 87. In general, how important is religion or spirituality in your life?                                | 1<br>Never                     | 2<br>Rarely                  | 3<br>Some times              | 4<br>Often             |
| 88. How often do you seek spiritual comfort?   | 1                              | 2                            | 3                            | 4                      |
|  |                                |                              |                              | 5<br>Almost<br>always  |
| 89. How comfortable would you be if a patient brings up spiritual concerns during a visit?             | 1<br>Not at all<br>comfortable | 2<br>Not very<br>comfortable | 3<br>Somewhat<br>comfortable | 4<br>Very comfortable  |
| 90. What percentage of your patients are African American?   |                                |                              |                              |                        |
|  |                                |                              |                              | %                      |
| 91. Not counting interruptions, about how many minutes did it take you to complete this questionnaire? |                                |                              |                              |                        |
|  |                                |                              |                              | minutes to<br>complete |

Please feel free to tell us any additional information regarding how you treat patients with depression or what you would need to improve outcomes for patients with depression that was not covered in this questionnaire.