

PACE Program Physician Survey

The following questions focus on a variety of techniques and strategies physicians sometimes use for communicating and counseling children with asthma and their caretakers about asthma management. We would like to know your opinions and practices for a number of these strategies on several dimensions.

1. Show attentiveness by using nonverbal communication (e.g., leaning towards the parent or child when listening, positioning yourself close to the patient instead of behind your desk or standing at the door)?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

2. Give encouragement by using nonverbal communication (e.g., patting the child on the shoulder, smiling or nodding to indicate approval)?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

3. Give verbal praise for things that have been done well by the child and his/her caretaker?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

4. Maintain an interactive conversation using questions that require more than a yes or no response, using simple language and analogies in your explanation?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

5. Find out the child's and his/her caretakers underlying worries and concerns about asthma?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

6. Give specific reassuring information in response to worries expressed by the parent and child?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

7. Tailor the medication schedule to the child and family's daily routine (through tying medications to regular events in daily life, reducing the complexity of the regimen)?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

8. Reach an agreement with the child and his/her caretaker on a short-term goal for managing asthma at home – what is to be accomplished between this visit and the next one?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

9. Review with the child and his/her caretaker your long-term therapeutic plan for the child?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

10. Help the child and the caretaker to use criteria for making decisions about asthma management (e.g., recognizing signs that the therapeutic plan is not working, identifying the triggers before instituting environmental changes, establishing a plan for deciding when to stay home from school because of asthma)?

HOW CONFIDENT are you in your ability to use this strategy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

HOW HELPFUL do you feel this strategy is.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all helpful	Slightly helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful

HOW CONFIDENT are you in:

11. Determining which asthma patients would benefit from daily-inhaled corticosteroids.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

12. Discussing the side effects of daily-inhaled corticosteroids.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

13. Selecting the doses for low, medium, and high-dose daily-inhaled corticosteroids.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

14. Monitoring for the side effects of daily-inhaled corticosteroids.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident	Extremely confident

“Guidelines” refers to the 1997 NHLBI Asthma Management Guidelines.

15. How familiar are you with the Guideline recommendations for prescribing daily-inhaled corticosteroids for patients with daily symptoms (moderate persistent asthma)?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Very familiar	Extremely familiar

Please consider the two asthma management practices described below. Respond to each of the statements indicating what you are actually doing related to it.

16. How seriously are you thinking about “Providing a tailored sequence of specific educational messages to every child being seen for asthma.”

Are you seriously considering doing this within the next 6 months?

<input type="checkbox"/> 0	<input type="checkbox"/> 1
No	Yes

Are you planning to do this in the next 30 days?

<input type="checkbox"/> 0	<input type="checkbox"/> 1
No	Yes

I already do this.

<input type="checkbox"/> 0
N/A

17. “Place every child with daily symptoms of asthma on daily anti-inflammatory medicines.”

Are you seriously considering doing this within the next 6 months?

No

Yes

Are you planning to do this in the next 30 days?

No

Yes

I already do this.

N/A

OPTIONAL: CODING AND BILLING

The following questions apply to non-urgent asthma visits, when you primarily focus on asthma education and counseling for the majority of patient visit.

18. How familiar are you in determining when to use “complexity” or “time” to justify the billing level of the visit?

Not at all familiar

Slightly familiar

Somewhat familiar

Moderately familiar

Very familiar

Extremely familiar

19. How familiar are you in your ability to adequately document this type of asthma visit when using “time” as a major component to justify the billing level?

Not at all familiar

Slightly familiar

Somewhat familiar

Moderately familiar

Very familiar

Extremely familiar

20. How familiar are you in your ability to select a CPT (Current Procedural Terminology) code for this type of asthma visit when using time as a major component to justify the billing level?

Not at all familiar

Slightly familiar

Somewhat familiar

Moderately familiar

Very familiar

Extremely familiar