

We are collecting this information to evaluate the Electronic Decision Support tool and develop it further. Because this is an untested tool we are interested to know your opinions about its feasibility for use in General Practice. Your responses to the questions below will give us important background information about you and your practice and will take about 15 minutes to complete. All responses are private and confidential. Your assistance is greatly appreciated.

Section I: Your Background

1.1	What is your age? <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 or over				
1.2	What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female				
1.3	What is the primary language you speak at home?				
1.4	What country were you born in?				
1.5	From which university did you obtain your medical degree? <div style="text-align: right;">Year graduated:</div>				
1.6	Please list up to four of your post-graduate medical qualifications below:				
	Qualification	Institution	Year awarded		
1.7	Are you vocationally registered? <input type="checkbox"/> Yes <input type="checkbox"/> No				
1.8	How many sessions per week do you work at this practice?				
1.9	How many sessions per week do you work elsewhere?				
1.10	How often do you participate in research?	Never	Sometimes	Often	Very often
1.11	How often do you conduct your own research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Practice Characteristics

2.1	How many of each category of the following staff are employed in this practice? <i>(if none then please write '0')</i> :	<p style="text-align: right;">Doctors <input type="checkbox"/></p> <p style="text-align: right;">Nurses <input type="checkbox"/></p> <p style="text-align: right;">Aboriginal Health Workers <input type="checkbox"/></p> <p style="text-align: right;">Practice Managers <input type="checkbox"/></p> <p style="text-align: right;">Other administrative staff <input type="checkbox"/></p> <p style="text-align: right;">Allied Health professionals <input type="checkbox"/></p>																																				
2.2	Which of the following best describes access to bulk-billing at your practice? <i>(please choose one)</i>	<p style="text-align: right;">Exclusively bulk-billing <input type="checkbox"/></p> <p style="text-align: right;">Selective bulk-billing (eg. children, seniors, concession card holders) <input type="checkbox"/></p> <p style="text-align: right;">No bulk-billing <input type="checkbox"/></p> <p>Other billing arrangements <i>(please specify)</i>:</p>																																				
2.3	<p>Is your practice accredited?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If so what year was the practice first accredited? (please leave blank if you don't know): _____</p>																																					
2.4	<p>Please indicate your agreement or disagreement with the following statements about your practice.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">Strongly Disagree</th> <th style="width: 10%;">Disagree</th> <th style="width: 10%;">Neutral</th> <th style="width: 10%;">Agree</th> <th style="width: 10%;">Strongly agree</th> </tr> </thead> <tbody> <tr> <td>I consider this practice to be innovative.</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>We are actively doing things to improve quality of care.</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>After we make changes to improve quality, we evaluate their effectiveness.</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>We have quality problems in our practice.</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Our procedures and systems are good at preventing errors from occurring.</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	I consider this practice to be innovative.	<input type="checkbox"/>	We are actively doing things to improve quality of care.	<input type="checkbox"/>	After we make changes to improve quality, we evaluate their effectiveness.	<input type="checkbox"/>	We have quality problems in our practice.	<input type="checkbox"/>	Our procedures and systems are good at preventing errors from occurring.	<input type="checkbox"/>																				
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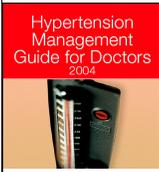
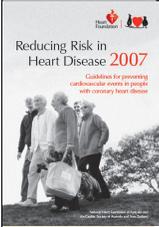
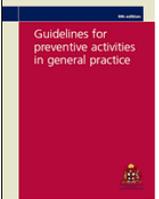
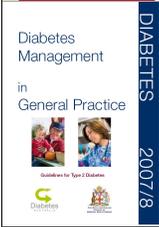
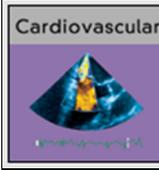
Section 3: Use of Information Technology

3.1	How often do you use the Internet for personal and/or professional use, including e-mail from home, work, or another location?	Several times a day <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than monthly or not at all <input type="checkbox"/>				
3.2	Which practice software system do you currently use at your practice?	Medical Director <input type="checkbox"/> MedTech <input type="checkbox"/> Best Practice <input type="checkbox"/> Practix <input type="checkbox"/> Other (please specify):				
3.3	Overall how satisfied are you with the computer systems at your practice?	Very Unsatisfied <input type="checkbox"/>	Unsatisfied <input type="checkbox"/>	Neutral <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very Satisfied <input type="checkbox"/>
3.4	Please indicate which of the following features you use in your practice.					
		Not available at this practice	Available but I do <u>not</u> use it	I use <i>some</i> of the time	I use <i>most or all</i> of the time	
Electronic medication prescribing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic pathology ordering		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic downloads of pathology results		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic care plans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic disease registers (eg. diabetes)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronically generated recalls (e.g. immunizations, pap smears)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic on-line billing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scanning of paper documents into practice software (eg. specialist letters)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5	How much of a barrier is each of the following to successful implementation of computer systems at your practice?					
		Not a barrier	Minor barrier	Major barrier		
	Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Privacy/ Security concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Medical software limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical limitations (e.g. slow response time of computers, poor technical support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6	Please indicate how positive the impact of computer systems has been for each of the areas below.					
		Very negative	Somewhat negative	No effect	Somewhat positive	Very positive
	The practice of evidence based medicine	<input type="checkbox"/>				
	Patient-doctor communication	<input type="checkbox"/>				
	Patient privacy	<input type="checkbox"/>				
	Practice cost efficiencies	<input type="checkbox"/>				
	Overall patient safety (eg. reduction in medication errors)	<input type="checkbox"/>				

Section 4: Access to medical information

4.1	Please indicate how influential the following sources of medical information are in your practice.			
		Not influential	Somewhat influential	Very influential
	Observation and discussion with GP colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Correspondence with specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pharmaceutical company representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drug product information within clinical software (eg MIMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continuing Medical Education (CME) events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Australian Medicines Handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medical newspapers (eg. Medical Observer/ Australian Doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Australian Family Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Peer-reviewed journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evidence Based Medicine guides (eg. Up to Date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal internet searches (Google, PubMed etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical guidelines from professional organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4.2	Please indicate how influential the following clinical guidelines are on your clinical practice.				
		I am not aware of this guideline	Not influential	Somewhat influential	Very influential
	National Heart Foundation “Hypertension Management Guide for Doctors”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	National Heart Foundation and Cardiac Society of Australia and New Zealand “Position Statement on Lipid Management”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	National Heart Foundation “Reducing Risk in Heart Disease”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The RACGP “Red Book”- “Guidelines for Preventive activities in General Practice”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diabetes Australia and RACGP “Diabetes Management in General Practice”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kidney Health Australia- “Chronic Kidney Disease Management in General Practice”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Therapeutic Guidelines- Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The Pharmaceutical Benefits Scheme criteria for lipid lowering therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Use of cardiovascular risk assessments

<p>For patients over 45 years (or over 35 years for indigenous patients), on average how often would you calculate cardiovascular risk?</p>			
<p>Always</p> <input type="checkbox"/>	<p>More than 50% of the time</p> <input type="checkbox"/>	<p>Less than 50% of time</p> <input type="checkbox"/>	<p>Never</p> <input type="checkbox"/>
<p>If you do calculate your patients' cardiovascular risk which of the following resources do you use?</p>		<p>Paper colour charts (eg. NPS, Heart Foundation, New Zealand) <input type="checkbox"/></p>	
		<p>Risk calculators within your medical software <input type="checkbox"/></p>	
		<p>On-line or downloaded risk calculators <input type="checkbox"/></p>	
		<p>Other risk calculation methods: <i>(please specify)</i></p>	

Thank you for your participation!