

APPENDIX D
Health Provider Survey

AFHCAN Telemedicine Provider Survey



Instructions: Please fill in the circle or check the box beside the appropriate answer for each question. If you have completed this survey before, thank you. Your answers will be saved and you do not need to fill out the survey again. After completing the survey, please use the enclosed envelope to mail it to the Center for Human Development, 2210 Arca Drive Anchorage, AK 99508. Please respond by July 28, 2003.

What is your organization's zip code? _____

1. Please identify your occupation. (Please select only ONE response)

- ① Physician
- ② Physician Assistant
- ③ State Public Health Nurse
- ④ Advanced Nurse Practitioner
- ⑤ Community Health Aide/Practitioner
- ⑥ Behavioral Health Practitioner
- ⑦ Audiologist
- ⑧ Physical Therapist
- ⑨ Other (Please Specify)

2. How long have you been in practice?

- ① Less than 1 Year
- ② 1-3 Years
- ③ 3-5 Years
- ④ 5-10 Years
- ⑤ More than 10 years

3. Please report your highest degree received and the year you received it.

<u>Degree</u>	<u>Year Received</u>
<input type="radio"/> ① High School/GED	_____
<input type="radio"/> ② Community Health Practitioner Certificate	_____
<input type="radio"/> ③ Some college credit	_____
<input type="radio"/> ④ Associate's Degree	_____
<input type="radio"/> ⑤ Bachelor's Degree	_____
<input type="radio"/> ⑥ Graduate Degree	_____
<input type="radio"/> ⑦ Medical Degree	_____
<input type="radio"/> ⑧ Other (Please specify)	_____

4. In which type of office do you primarily work? (Please check only ONE box)

- ① Hospital with Physicians
- ② Health Center/Village Clinic with Physicians
- ③ Health Center/Village Clinic with Nurse Practitioner's/Physician's Assistants
- ④ Public Health Center/Village Clinic with Public Health Nurse
- ⑤ Health Center/Village Clinic with Community Health Aides/Practitioners
- ⑥ Other (Please Specify)

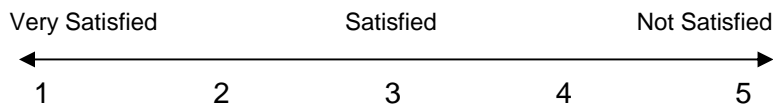
5. How long have you been practicing in this office?

_____ Years _____ Months

6. Please identify the type of training that you received on the use of the AFHCAN telemedicine software or the AFHCAN cart/attachments (Please check ALL that apply)

- No training (Please skip to question # 8)
- Group training (5 or more) at a location away from my clinic
- Group training (5 or more) in my clinic
- Individual or small group training (less than 5) at a location away from my clinic
- Individual or small group training (less than 5) in my clinic
- Follow-up training in a location away from my clinic
- Follow-up training in my clinic
- Other (Please Specify) _____

7. Rate your satisfaction with the training you have received to use the AFHCAN telemedicine software or the AFHCAN cart/attachments.



8. Do you feel you need additional training in the use of the AFHCAN telemedicine software or the AFHCAN cart/attachments?

- Yes (Please answer Question 9)
- No (Please go to Question 10)

9. If Yes, in what areas or with which devices?

10. Have you ever used AFHCAN telemedicine software on your computer, or used the AFHCAN cart or attachments?

- I **have not** used the AFHCAN software or the cart/attachments (otoscope, camera, etc.) Please answer items #11 – 12 only.
- I **have** used the AFHCAN software but, **not** the cart/attachments (otoscope, camera, etc.) to document and send a Telemedicine case for review Please answer items #13 - 30
- I **have** used the cart/attachments (otoscope, camera, etc.) to document a case but, **not** to send a case for review Please answer items #13 - 34
- I **have** used **both** the AFHCAN software and cart/attachments (otoscope, camera, etc.) to document and send a Telemedicine case for review Please answer items #13 - 34

Please answer Questions 11-12 ONLY if you HAVE NOT used the AFHCAN telemedicine software or the AFHCAN cart/attachments in your practice.

11. If you have not used the AFHCAN telemedicine software or the AFHCAN cart/attachments in your practice, which of the following statements best describes the reason(s) that you have not used them?

(Please check ALL that apply.)

- The equipment has not been set up
- The equipment is set up, but we are not connected to the network
- We lost our connection to the network
- I have not been trained on the equipment
- My supervisor doesn't encourage me to use it
- My patients do not want me to use it
- I have not used it before and am uncomfortable using it
- I have not had a clinical encounter in which it would be useful to use it
- I could not make the equipment work
- I do not like using telemedicine
- Other barriers (please specify)

12. If you are not using the AFHCAN telemedicine software or the AFHCAN cart/attachments because they are not available to you, would you use them if they were?

- Yes
- No

If you have not used the AFHCAN telemedicine software or the cart as part of your practice, this is the end of the survey.

Please do not complete the following items.

Please Return The Completed Survey
In The Enclosed Postage Paid Envelope To:

Jennifer Carter, MS

Research Coordinator

Center for Human Development

2210 Arca Drive

Anchorage, AK 99508

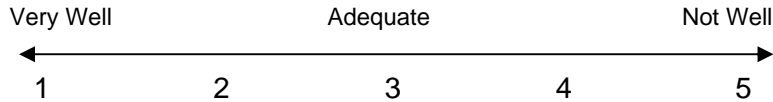
Toll Free in Alaska 1-800-243-2199 Or In Anchorage: (907) 272-8270

13. When did your site receive the AFHCAN telemedicine software or the AFHCAN cart/attachments?

_____ (Date Received)

- Don't Know

20. Please rate how well the AFHCAN telemedicine software or the AFHCAN cart/attachments generally work.



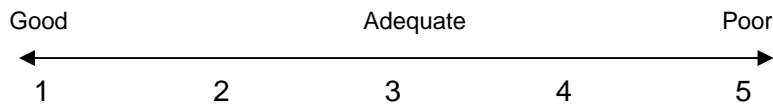
21. Have you had any technical problems with the AFHCAN telemedicine software or the AFHCAN cart/attachments for which you needed help?

- Yes (Please go to question 22)
- No (Please go to Question 25)

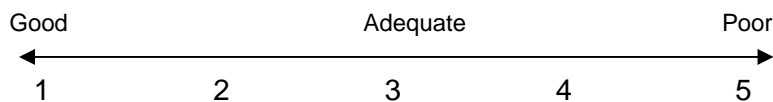
22. Who did you contact for assistance with the AFHCAN software or cart/attachments? (Please check ALL that apply)

- Someone within my organization
- AFHCAN
- ACES (Alaska Clinical Engineering Services)
- Other (Please Specify) _____

23. If you contacted AFHCAN for assistance with the AFHCAN software or cart/attachments, how would you rate the support available to you?



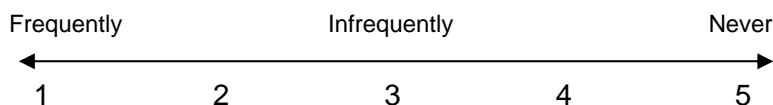
24. If you contacted ACES for assistance with the AFHCAN software or cart/attachments, how would you rate the support available to you?



25. How has use of the AFHCAN telemedicine software or the AFHCAN cart/attachments changed the way you provide health care? (Please check ALL that apply.)

- I don't believe that it has changed the way that I provide health care
- I believe that I receive more support from others in managing difficult cases
- I believe that I learn more from my supervising physician
- I believe that patients do not have to travel as much for health care
- I believe that patients receive more attention from other providers or specialists
- I believe that patients do not have to wait as long for health care
- I believe that it allows a higher degree of patient education
- I believe that it allows me to provide higher quality health care
- Other (Please Specify)

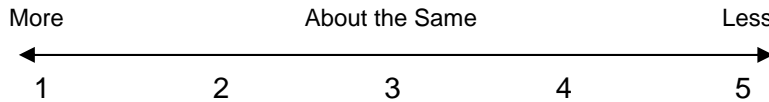
26. Before using the AFHCAN telemedicine software or the AFHCAN cart/attachments, how often did you use a computer?



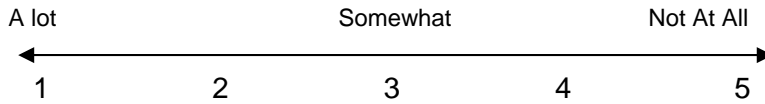
**27. If applicable, what applications did you generally use the computer for?
(Please check ALL that apply)**

- Email
- Internet
- Word Processing
- Spreadsheet
- Other (Please Specify) _____

28. Since using the AFHCAN telemedicine software or the AFHCAN cart/attachments, how would you rate your use of computers for reasons other than telemedicine?



29. If the AFHCAN telemedicine software or the AFHCAN cart/attachments were to be removed tomorrow, at what level would it affect your clinical practice?



30. Please explain:

The following questions ask only about the AFHCAN telemedicine cart and attachments. Please answer these questions ONLY if you HAVE used the AFHCAN cart or attachments.

**31. In what ways have you used the AFHCAN telemedicine cart/attachments?
(Check ALL that apply)**

	<u>As a</u> <u>Referring Provider</u>	<u>As a</u> <u>Consultant/Giving a Second Opinion</u>
Teleradiology	<input type="checkbox"/>	<input type="checkbox"/>
Video Conferencing	<input type="checkbox"/>	<input type="checkbox"/>
EKG	<input type="checkbox"/>	<input type="checkbox"/>
Otoscope	<input type="checkbox"/>	<input type="checkbox"/>
Digital Camera	<input type="checkbox"/>	<input type="checkbox"/>
Scanner	<input type="checkbox"/>	<input type="checkbox"/>
Dental Camera	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>

32. How often do you use the following AFHCAN telemedicine cart/attachments applications? (Please check the appropriate box for each application and indicate how often you use each application).

	<u>Often</u>	<u>Not Often</u>	<u>Never</u>	<u>Frequency of Use</u>
Teleradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Video Conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Otoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digital Camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental Camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

33. If there are applications you have not used, or that you no longer use, which of the following statements best describes your reason for not using it? (Fill in only ONE circle for each application that you do not use. Skip applications that you use.)

Teleradiology

- Ⓐ No patients have needed that service
- Ⓑ The equipment does not work correctly
- Ⓒ Using the equipment took more time than not using it
- Ⓓ I used the equipment but received no response
- Ⓔ I have not been trained in that application
- Ⓕ I have been trained but am still not comfortable in using telemedicine for that procedure
- Ⓖ Another practitioner in the clinic can provide the service
- Ⓗ Other (please specify)

Video Conferencing

- Ⓐ No patients have needed that service
- Ⓑ The equipment does not work correctly
- Ⓒ Using the equipment took more time than not using it
- Ⓓ I used the equipment but received no response
- Ⓔ I have not been trained in that application
- Ⓕ I have been trained but am still not comfortable in using telemedicine for that procedure
- Ⓖ Another practitioner in the clinic can provide the service
- Ⓗ Other (please specify)

EKG

- Ⓐ No patients have needed that service
- Ⓑ The equipment does not work correctly
- Ⓒ Using the equipment took more time than not using it
- Ⓓ I used the equipment but received no response
- Ⓔ I have not been trained in that application
- Ⓕ I have been trained but am still not comfortable in using telemedicine for that procedure
- Ⓖ Another practitioner in the clinic can provide the service
- Ⓗ Other (please specify)

Otoscope

- ① No patients have needed that service
- ① The equipment does not work correctly
- ② Using the equipment took more time than not using it
- ③ I used the equipment but received no response
- ④ I have not been trained in that application
- ⑤ I have been trained but am still not comfortable in using telemedicine for that procedure
- ⑥ Another practitioner in the clinic can provide the service
- ⑦ Other (please specify)

Digital Camera

- ① No patients have needed that service
- ① The equipment does not work correctly
- ② Using the equipment took more time than not using it
- ③ I used the equipment but received no response
- ④ I have not been trained in that application
- ⑤ I have been trained but am still not comfortable in using telemedicine for that procedure
- ⑥ Another practitioner in the clinic can provide the service
- ⑦ Other (please specify)

Scanner

- ① No patients have needed that service
- ① The equipment does not work correctly
- ② Using the equipment took more time than not using it
- ③ I used the equipment but received no response
- ④ I have not been trained in that application
- ⑤ I have been trained but am still not comfortable in using telemedicine for that procedure
- ⑥ Another practitioner in the clinic can provide the service
- ⑦ Other (please specify)

Dental Camera

- ① No patients have needed that service
- ① The equipment does not work correctly
- ② Using the equipment took more time than not using it
- ③ I used the equipment but received no response
- ④ I have not been trained in that application
- ⑤ I have been trained but am still not comfortable in using telemedicine for that procedure
- ⑥ Another practitioner in the clinic can provide the service
- ⑦ Other (please specify)

Other (Please Specify) _____

- ① No patients have needed that service
- ① The equipment does not work correctly
- ② Using the equipment took more time than not using it
- ③ I used the equipment but received no response
- ④ I have not been trained in that application
- ⑤ I have been trained but am still not comfortable in using telemedicine for that procedure
- ⑥ Another practitioner in the clinic can provide the service
- ⑦ Other (please specify)

34. Are there any other applications or attachments you would like to be added to the AFHCAN Telemedicine cart? (Please check ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Colposcope | <input type="checkbox"/> Retinal Exam (for diabetic screen) |
| <input type="checkbox"/> Dental Scope | <input type="checkbox"/> Spirometer |
| <input type="checkbox"/> Fetal Monitoring | <input type="checkbox"/> Stethoscope |
| <input type="checkbox"/> Hearing Test/Audiometer | <input type="checkbox"/> Tympanometer |
| <input type="checkbox"/> Holter Monitor | <input type="checkbox"/> Vision Screening Test |
| <input type="checkbox"/> Ophthalmoscope | <input type="checkbox"/> Vital Signs Monitoring (BP, PulseOx, Pulse) |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Thank You For Your Time

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