**DV: BH**

All comparisons were set at a priori level of significant at p<=0.05p<=0.05.

**Proc Mixed**  
**Linear Mixed Model with Intercept Varying Randomly on Practice ID**

Responses were modeled using mixed linear models (proc mixed) with random intercept on practice, thus modeling random effects by practice and fixed effects by characteristics on each DV of interest.

The random effect (practice ID) accounting for potential clustering within practices was significant at the p<0.001p<0.001 consistently through all iterations.

* Covariance parameter estimates for pracid =0.1626 (Z=4.21Z=4.21, p<0.0001p<0.0001)
* Residuals: Estimate = 0.4289, Z=11.14Z=11.14, p<0.0001p<0.0001

While the majority of respondents communicated high levels of confidence in their ability to sustain improvements in this category, results varied significantly by OrgType and Location

* Rural locations demonstrated less confidence in their ability to sustain BH improvements than Urban locations (Estimate = -0.1711, t=−1.99t=−1.99, df=227, pp=0.0477)
* Hospitals, Private Practices, and FQHC’s demonstrated statistically significant differences in their ability to sustain BH improvements

**LS Means**

Least Square means were estimated for each significant characteristic

| **Effect** | **Characteristic** | **Estimate** | **SE** | **df** | **t Value** | Pr>|t|Pr>|t| |
| --- | --- | --- | --- | --- | --- | --- |
| Location | Urban | 4.3102 | 0.06236 | 227 | 69.12 | <0.0001 |
| Location | Rural | 4.1391 | 0.08110 | 227 | 51.03 | <0.0001 |

Effect: OrgType

| **Characteristic** | **Estimate** | **SE** | **df** | **t Value** | Pr>|t|Pr>|t| |
| --- | --- | --- | --- | --- | --- |
| FQHC | 4.5064 | 0.08841 | 227 | 50.97 | <.0001 |
| Hosp | 4.0847 | 0.09260 | 227 | 44.11 | <.0001 |
| SBC | 4.1782 | 0.1561 | 227 | 26.76 | <.0001 |
| priv | 4.1293 | 0.06889 | 227 | 59.94 | <.0001 |

**GenMod**  
**Ordinal Model for Multinomial Data**

Sensitivity Analyses were also conducted using a three-level ordinal logistic model with cumulative logit link; results were consistent with findings above. Three-level models were calculated as (0=1,2,3; 1=4, 2=5). Location and OrgType were consistently significant.

**DV: HIT**

**Proc Mixed**  
**Linear Mixed Model with Intercept Varying Randomly on Practice ID**  
Responses were modeled using mixed linear models (proc mixed) with random intercept on practice, thus modeling random effects by practice and fixed effects by characteristics on each DV of interest.

The random effect (practice ID) accounting for potential clustering within practices was significant at the p<0.001p<0.001 consistently through all iterations.

* Covariance parameter estimates for pracid =0.2196 (Z=5.56Z=5.56, p<0.0001p<0.0001)
* Residuals: Estimate = 0.3717, Z=11.04Z=11.04, p<0.0001p<0.0001

Of the four characteristics, Type 3 Tests of Fixed Effects indicate statistically significant difference at the p<0.05 level for Organization Type. Respondents from Federally Qualified Health Centers were relatively more confident in their ability to sustain HIT improvements than their corresponding counterparts at hospitals or private practices.

**LS Means**

| **Characteristic** | **Estimate** | **SE** | **df** | **t Value** | Pr>|t|Pr>|t| |
| --- | --- | --- | --- | --- | --- |
| FQHC | 4.5524 | 0.09101 | 227 | 50.02 | <.0001 |
| Hosp | 4.2216 | 0.09528 | 227 | 44.31 | <.0001 |
| SBC | 4.2469 | 0.1609 | 227 | 26.40 | <.0001 |
| priv | 4.1371 | 0.07086 | 227 | 58.38 | <.0001 |

**GenMod**  
**Ordinal Model for Multinomial Data**

Sensitivity Analyses were conducted using a three-level ordinal logistic model with cumulative logit link to account for the categorical nature of the response variable. Results were consistent with findings above in that Organization Type was the only characteristic with statistically significant effects. Three-level models were calculated as (0=1,2,3; 1=4, 2=5).

**DV: Addtl**

**Proc Mixed**  
**Linear Mixed Model with Intercept Varying Randomly on Practice ID**

Responses were modeled using mixed linear models (proc mixed) with random intercept on practice, thus modeling random effects by practice and fixed effects by characteristics on each DV of interest.

The random effect (practice ID) accounting for potential clustering within practices was significant at the p<0.001p<0.001 consistently through all iterations.

* Covariance parameter estimates for pracid =0.1203 (ZZ = 1.95, pp<0.0255)
* Residuals: Estimate = 0.855, ZZ=11.37, pp<0.0001

Of the four characteristics, Type 3 Tests of Fixed Effects indicate statistically significant difference at the p<0.05 level for Organization Type.

Respondents from Federally Qualified Health Centers were relatively more confident in their ability to sustain Additional improvements than respondents from hospitals and private practices.

**LS Means**

| **Characteristic** | **Estimate** | **SE** | **df** | **t Value** | Pr>|t|Pr>|t| |
| --- | --- | --- | --- | --- | --- |
| FQHC | 4.4670 | 0.1078 | 227 | 41.42 | <.0001 |
| Hosp | 3.8227 | 0.1130 | 227 | 33.82 | <.0001 |
| SBC | 4.1338 | 0.1902 | 227 | 21.73 | <.0001 |
| priv | 3.9740 | 0.08414 | 227 | 47.23 | <.0001 |

**GenMod**  
**Ordinal Model for Multinomial Data**

Sensitivity Analyses were conducted using a three-level ordinal logistic model with cumulative logit link to account for the categorical nature of the response variable. Results were consistent with findings above in that Organization Type was the only characteristic with statistically significant effects. Three-level models were calculated as (0=1,2,3; 1=4, 2=5).