

NEEDS ASSESSMENT SURVEY

Demographics:

Gender: ☐ Male ☐ Female

Main patient care setting:

☐ Solo Practice ☐ Group Practice ☐ Family Health Team (or similar) ☐ Hospital Based ☐ Other

Population primarily served by your practice:

☐ Inner City ☐ Urban / Suburban ☐ Small Town ☐ Rural ☐ Geographically Isolated / Remote

Approximate population size of the community where you practice:

☐ < 10,000 ☐ 10,000 – 50,000 ☐ 50,000 – 100,000 ☐ 100,000 – 250,000 ☐ >250,000

On average, how many patients do you see in a week?

☐ < 50 ☐ 50-200 ☐ 200 – 350 ☐ >350

How familiar are you with the CDA Clinical Practice Guidelines Dyslipidemia chapter?

☐ Not Familiar ☐ Somewhat Familiar ☐ Very Familiar

Do you use flow sheets to track your patients?

☐ Never ☐ Sometimes ☐ Frequently ☐ Always

In your opinion, what is the most common reason for not reaching guideline recommended targets in high-risk patients?

- ☐ Too many targets to keep track
- ☐ Too many medications
- ☐ Patient adherence
- ☐ Insufficient evidence for targets
- ☐ Medication access / cost issues

For patients requiring pharmacological treatment, what influences your choice of therapy? (Select ALL that Apply)

- ☐ Data/Studies
- ☐ Guidelines
- ☐ What is reimbursed
- ☐ What I am most familiar with
- ☐ Efficacy
- ☐ Safety
- ☐ Mortality reductions
- ☐ What local specialists use

What are the barriers you face in optimizing the management of your high-risk patients? (Select ALL that Apply)

- ☐ Lack of evidence-based guidelines
- ☐ Lack of applicability of guidelines to my current practice / patients
- ☐ Lack of time
- ☐ Organizational / Institutional
- ☐ Reimbursement / Financial
- ☐ Patient adherence / compliance
- ☐ Treatment related adverse events

In your experience, which of the following has been the most significant barrier for patients? (Select ALL that Apply)

- ☐ Patient non-adherence with medications
- ☐ Side-effects associated with the medications
- ☐ Lack of effective drugs
- ☐ Lack of resources for patients

How comfortable are you with the following medication classes for lipid control?

(1 = not comfortable at all 5 = very comfortable)

	1.	2.	3.	4.	5.
Statins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statins (higher-dose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bile Acid Sequestrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol Absorption Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotinic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How comfortable are you with the following medication classes for glycemic control in your patients with diabetes?

(1 = not comfortable at all 5 = very comfortable)

	1.	2.	3.	4.	5.
α -Glucosidase Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPP-4 Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLP-1 Receptor Agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meglitinide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metformin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SGLT2 Inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thiazolidinedione	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHOLESTABETES

CHOLESTerol lowering in type 2 diABETES **QuERI**

How familiar are you with the use of second line agents in LDL management?

- ☐ Not Familiar ☐ Somewhat Familiar ☐ Very Familiar

Do you use combination therapy for LDL control?

- ☐ Yes ☐ No

Do you believe combination therapy that addresses more than one risk, like LDL and A1C is useful?

- ☐ Yes ☐ No

In your opinion, on average how adherent are your patients with their current medications?

- ☐ <50% of time
☐ 50-70 % of the time
☐ >70% of the time

How do you evaluate adherence in your patients?

- ☐ I ask the patient / caregiver
☐ I obtain pharmacy renewal records
☐ I use an adherence questionnaire
☐ I do a medication count
☐ Lab results
☐ I do not evaluate adherence