| APPENDIX: Primary Care Providers Question | onnaire | | Page 1 of 5 |
|--|----------------------|------------------|------------------------------|
| Date (dd/mm/yy):/ | | | |
| Basic Information: | | | |
| 1. Age | | | |
| 2. Gender: ☐ Male ☐ Female | | | |
| 3a. Ethnicity: ☐ Hispanic or Latino/Latina | □ Non Hispai | nic or Latir | no/Latina |
| 3b. Race: (select all that apply) ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander | □ Asian □ White | | or African American |
| Provider Characteristics: | | | |
| 4. What type of provider are you: ☐ Physician 4a. Are more than 50% of your clients ad | | | |
| 5. In training (residency, fellowship, or other)?5a. Specify type of training program (e.g.5b. Year of graduation from training: | ., internal medicin | | |
| 6. Approximate percentage (%) of time per week | c is spent in the fo | ollowing pra | actice settings: |
| Private practice Hospital setting Outpatient primary care clinic Research (<i>circle which applies</i> : lab/clinic) TOTAL | % % % % | | |
| 7. Which clinic(s) do you work in? (Please select List of San Francisco Community Clinics | ct all that apply): | | |
| 8. Approximate percentage (%) of patients in you | ur clinic having th | e following | primary source of insurance: |
| Privately insured Publicly insured (e.g., Medicaid, Medicard Self-pay (able to pay) Uninsured TOTAL | | % % % % | |
| 9. Total number of unique outpatients you saw a | cross all practice | settings in | the last month: |
| 10. Approximate percentage (%) of your patients | s with the followin | g primary į | osychiatric diagnoses: |
| Schizophrenia or schizoaffective disorder Bipolar I or II disorder Major depression or other depression Other Psychiatric Diagnosis TOTAL | | % % % | |

| 11. Aprisk fo | APPENDIX: Primary Care Providers Questionnaire Page 2 of 5 11. Approximate percentage of these psychiatric patients that are being prescribed antipsychotic medications at risk for causing metabolic dysfunction, such as increased BMI, obesity, and diabetes (e.g. olanzapine, risperdone, chlorpromazine): % | | | | | | | | |
|--|--|----------------|-----------------|-----------|----------------|--|--|--|--|
| 12. Are you aware of the ADA/APA (American Diabetes Association, American Psychiatric Association) consensus statement describing metabolic risks associated with second generation antipsychotic medications and specifying a monitoring protocol for patients taking these medications? YES NO | | | | | | | | | |
| | Physician Attitudes: For each question, please circle the choice that best fits your response: | | | | | | | | |
| 13. Ho | ow strongly do you agree or disa | agree with the | following st | atements? | | | | | |
| a. | Individuals with schizophrenia are more at risk than the general population for suffering metabolic dysfunction, such as increased BMI, obesity, and diabetes. | | | | | | | | |
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | | | | |
| b. | b. Some antipsychotic medications can contribute to metabolic dysfunction, such as increased BMI, obesity, and diabetes. | | | | | | | | |
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | | | | |
| <u>Physi</u> | cian Roles: | | | | | | | | |
| For ea | ach question, please circle the c | hoice that be | st fits your re | esponse: | | | | | |
| | in Monitoring: ow strongly do you agree or disa | agree with the | following st | atements? | | | | | |
| Monitoring metabolic risk factors (such as BMI, BP, glucose, and/or lipids) in patients on antipsychotics at risk of causing metabolic dysfunction is the role of: | | | | | | | | | |
| a. | a. Primary care providers, not psychiatrists or mental health clinics. | | | | | | | | |
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | | | | |
| The psychiatrist or mental health clinic, only if patients do not have an established primary care provider. | | | | | | | | | |
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | | | | |
| C. | c. The psychiatrist or mental health clinic , even if patients have established primary care. | | | | | | | | |

Disagree

Neutral

Agree

Strongly disagree

Strongly agree

APPENDIX: Primary Care Providers Questionnaire Roles in Treatment:

16.

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15. How strongly do you agree or disagree with the following statements about the responsibility of **community psychiatrists**?

If patients <u>in a mental health clinic</u> are found to have abnormalities in metabolic risk factors that are likely caused by treatment with antipsychotic medications, the following interventions may be the **responsibility of the** <u>treating psychiatrist</u>:

| a. | a. Responsibility of psychiatrists to | esponsibility of psychiatrists to refer to primary care providers or other medical follow-up | | | | |
|----|--|--|----------------------------------|-------------------------------|-------------------------------------|--|
| | Strongly disagree D | Disagree | Neutral | Agree | Strongly agree | |
| b. | o. Responsibility of psychiatrists to | directly co | ntact patien | ts' primary o | care or other medical providers | |
| | Strongly disagree D | Disagree | Neutral | Agree | Strongly agree | |
| C. | c. Responsibility of psychiatrists to regarding continuing treatment of | | | primary care | e or other medical providers | |
| | Strongly disagree D | Disagree | Neutral | Agree | Strongly agree | |
| d. | d. Responsibility of psychiatrists to related metabolic risk indicators | o provide pa | atients with I | iterature reg | arding metabolic syndrome and | |
| | Strongly disagree D | Disagree | Neutral | Agree | Strongly agree | |
| e. | e. Responsibility of psychiatrists to or support group programs | o refer patie | nts to weigh | t loss progr | ams, or other related psychosocial | |
| | Strongly disagree D | Disagree | Neutral | Agree | Strongly agree | |
| f. | f. Responsibility of psychiatrists to | o refer patie | nts to smok | ing cessatio | n programs | |
| | Strongly disagree D | Disagree | Neutral | Agree | Strongly agree | |
| a. | How strongly do you agree or dis- a. Prescribing oral medications to tro- certain circumstances, be the re | eat elements | of metabolic | dysfunction | | |
| | Strongly disagree D | Disagree | Neutral | Agree | Strongly agree | |
| b. | In which of the following circums: <u>outpatient psychiatrist</u> prescribe select all that apply. | | | | | |
| | ☐ In extremely rare circumstance☐ Sharing responsibility for treatr☐ If a patient does not have acce☐ If the psychiatrist is the sole r | ment in partress to primar | nership with a y care or othe | primary care er medical pr | e or other medical provider oviders | |

APPENDIX: Primary Care Providers Questionnaire Barriers to Monitoring:

17. In the following section, please rate the degree to which the factors listed below are significant barriers to monitoring *your* patients for metabolic risk. For each factor, circle one of the following that best suits your response to whether you agree or disagree that the factor is a significant barrier to monitoring: strongly disagree (1), disagree (2), neutral (3), agree (4), or strongly agree (5), or select N/A if the factor is not relevant to your patients or practice environment.

I believe the following **patient factors** are a barrier to monitoring patients for monitoring metabolic risk:

| | Strongly | Disagree | Neutral | Agree | Strongly | |
|---------------------------------|----------|----------|---------|-------|----------|-----|
| | disagree | | | | agree | |
| Gender | 1 | 2 | 3 | 4 | 5 | N/A |
| Lack of insurance | 1 | 2 | 3 | 4 | 5 | N/A |
| Lack of income | 1 | 2 | 3 | 4 | 5 | N/A |
| Ethnic or cultural factors | 1 | 2 | 3 | 4 | 5 | N/A |
| Fluency of English | 1 | 2 | 3 | 4 | 5 | N/A |
| Legal status | 1 | 2 | 3 | 4 | 5 | N/A |
| Lack of education | 1 | 2 | 3 | 4 | 5 | N/A |
| Severity of psychiatric illness | 1 | 2 | 3 | 4 | 5 | N/A |

I believe the following staffing or physician factors (at your primary care clinic) are a barrier to monitoring

patients for monitoring metabolic risk:

| patients for morntoning metabolic risk. | | D: | NI n 4m - 1 | Λ | Ct | |
|---|----------|----------|-------------|-------|----------|-----|
| | Strongly | Disagree | Neutral | Agree | Strongly | |
| | disagree | | | | agree | |
| Insufficient staff availability | 1 | 2 | 3 | 4 | 5 | N/A |
| Insufficient staff awareness | 1 | 2 | 3 | 4 | 5 | N/A |
| Insufficient staff training | 1 | 2 | 3 | 4 | 5 | N/A |
| Insufficient physician time | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to counsel this population | 1 | 2 | 3 | 4 | 5 | N/A |
| about metabolic problems | | | | | | |
| Ability to treat metabolic problems | 1 | 2 | 3 | 4 | 5 | N/A |
| in this population | | | | | | |
| Insufficient reimbursement for | 1 | 2 | 3 | 4 | 5 | N/A |
| screening | | | | | | |
| Insufficient reimbursement for | 1 | 2 | 3 | 4 | 5 | N/A |
| treatment | | | | | | |
| Burden of documentation | 1 | 2 | 3 | 4 | 5 | N/A |
| Difficulty accessing laboratory data | 1 | 2 | 3 | 4 | 5 | N/A |
| Medicolegal liability of testing | 1 | 2 | 3 | 4 | 5 | N/A |
| patients | | | | | | |
| Medicolegal liability of treatment | 1 | 2 | 3 | 4 | 5 | N/A |

I believe the following **referral and collaboration factors** are a barrier to monitoring patients for monitoring

metabolic risk in our health care system in San Francisco County:

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | |
|--|-------------------|----------|---------|-------|----------------|-----|
| Difficulty arranging referral for psychiatric follow-up | 1 | 2 | 3 | 4 | 5 | N/A |
| Lack of access to psychiatric follow-up | 1 | 2 | 3 | 4 | 5 | N/A |
| Wait times for appointments for psychiatric follow-up | 1 | 2 | 3 | 4 | 5 | N/A |
| Difficulty collaborating with physicians providing psychiatric follow-up | 1 | 2 | 3 | 4 | 5 | N/A |
| Increased cost of collaborative care | 1 | 2 | 3 | 4 | 5 | N/A |

APPENDIX: Primary Care Providers Questionnaire18. Please use the below list of barriers to answer the following questions:

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| 10 | | Please rank numerically (with screening and monitoring patie | 1, 2, and 3) | what you think | are the <u>top</u> | | | | | |
|--|--|--|--------------|--|--------------------|------------------------------|--|--|--|--|
| | Gender Lack of insurance Lack of income Ethnic or cultural factors Fluency of English Legal status Lack of education Severity of psychiatric illness Insufficient staff availability Insufficient staff awareness Insufficient staff training Insufficient physician time | | | Ability to counsel these patients about metabolic problems Ability to treat metabolic problems in this population Insufficient reimbursement for screening Insufficient reimbursement for treatment Burden of documentation Difficulty accessing laboratory data Medicolegal liability of testing patients Medicolegal liability of treatment Difficulty arranging referral for psychiatric follow-up Lack of access to qualified psychiatric follow-up Wait times for appointments for psychiatric follow-up Difficulty collaborating with psychiatrists Increased cost of collaborative care | | | | | | |
| | b. | If you could only choose ONE screening, which would that be | | the above list o | of barriers th | at has the largest impact on | | | | |
| 19. How strongly do you agree or disagree with the following statement? Solving the ONE barrier I have listed above is likely to make a measurable impact in the rate of meta screening for patients at risk for developing metabolic dysfunction. Strongly disagree Disagree Neutral Agree Strongly agree | | | | | | | | | | |
| | | | | | | | | | | |

Thank You!