PRIME-Rural Survey

Thank you for you for your interest in participating in the PRIME-Rural Research Study, a project funded by the American Heart Association. We are interested in your perspectives on heart disease or its risk factors and on cardiovascular care innovations for rural and rural-serving primary care clinics.

All questions are voluntary. You may choose to skip any question or quit the survey at any time.

All your responses will be kept confidential. When we report results, we will not identify you by name. We will be using the results of this study to help us design and implement interventions to help patients in rural areas with heart disease and its risk factors. Results also will be shared in publications, presentations, and other products.

This study is being overseen by the University of Washington's Institutional Review Board, or IRB, which is a committee that protects the rights of research subjects like yourself. If you want to talk to them, you can contact them at hsdinfo@uw.edu or (206) 543-0098.

Should you have any questions, please feel free to contact our study's lead researcher/Principal Investigator, Chris Longenecker, at ctlongen@uw.edu or (206) 616-1159.

1) Are you answering this survey as a patient or healthcare provider?
   - ◯ Patient
   - ◯ Healthcare provider

2) Please enter your first name: _____

3) Please enter your last name: _____

4) Please enter your email address: _____

Demographics

The following questions are to help us better understand your experiences.

None of the following questions are required. You can skip any question you are not comfortable answering.

As a participant in this study, please answer the questions below. Thank you!

What year were you born (e.g., 1950)?

_____

We will be mailing you a gift card as a thank-you for participating in this study. Please list a mailing address below where you can receive mail.

Street address

_____

City

_____

State

_____

Zip code

_____

Is your home zip code different than your mailing zip code? We are interested in your home zip code because it helps us determine how rural the area where you live is.

◯ Yes
◯ No

Please enter your home zip code:

_____

Phone number

_____
(Include Area Code)

Please select the race(s) that best apply to you. You may select multiple options.

☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ Other, please specify

American Indian/Alaska Native - print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

_____

Select the race(s) that best apply to you:

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Korean
- ☐ Japanese
- ☐ Vietnamese
- ☐ Other (please specify)

Print, for example, Pakistani, Cambodian, Hmong, etc.

_____

Black or African American - print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

_____

Select the race(s) that best apply to you:

- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other (please specify)

Native Hawaiian or Other Pacific Islander - please specify, for example, Tongan, Fijian, Marshallese, etc.

_____

White - print for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.

_____

Please specify your race:

_____

Are your of Hispanic, Latino, or Spanish origin?

☐ No, not of Hispanic, Latino, or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes another Hispanic, Latino, or Spanish origin -- Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, Etc.

Please specify your Hispanic, Latino, or Spanish origin

_____

Were you born in the United States?

- ☐ Yes
- ☐ No (please specify)

Please specify which country you were born in:

_____

Please select the gender category/identity that best applies to you.

- ◯ Man
- ◯ Woman
- ◯ Non-binary
- ◯ Additional gender category/identity not listed (please specify)
- ◯ I prefer not to say

Please specify gender category/identity:	_____
Please select the sexual orientation that best applies to you.	◯ Gay or lesbian (homosexual) ◯ Bi (bisexual) ◯ Straight (heterosexual) ◯ Other (please specify) ◯ I prefer not to say
Please specify sexual orientation:	_____
Please specify your highest level of education	◯ 12th grade or less ◯ Graduated high school, or obtained GED or equivalent ◯ Some college, no degree ◯ Associate degree ◯ Bachelor's degree ◯ Post-graduate degree
How many people live in your household?	◯ One ◯ Two ◯ Three ◯ Four ◯ Five ◯ Six ◯ Seven ◯ Eight ◯ Nine or more
What is your marital status?	◯ Single (never married) ◯ Married or in a domestic partnership ◯ Widowed ◯ Divorced ◯ Separated ◯ Other (please specify)
Please specify your marital status:	_____
Do you have children?	◯ Yes ◯ No
How many children do you have?	_____
How many of your children who are 18 or younger live with you?	_____

What is your approximate annual household income?	◯ $0 - $9,999 ◯ $10,000 - $19,999 ◯ $20,000 - $29,999 ◯ $30,000 - $39,999 ◯ $40,000 - $49,999 ◯ $50,000 - $59,999 ◯ $60,000 - $69,999 ◯ $70,000 - $79,000 ◯ $80,000 - $89,999 ◯ 90,000 - $99,999 ◯ $100,000 and up
Do you own your own home?	◯ Yes ◯ No
Are you covered by any kind of health insurance or health care plan, including employer-sponsored insurance, prepaid plans, or government plans such as Medicare, Medicaid, or TRICARE?	◯ Yes ◯ No
What type of health insurance do you have?	◯ Public insurance (government, Medicaid, Medicare, or TRICARE) ◯ Private insurance (for example, through employer or relative's employer, or purchased from the Health Insurance Marketplace [healthcare.gov]) ◯ Public and private
How many miles do you have to travel to see your primary care provider for appointments?	_____
Please indicate which of the following best applies to you	◯ I have been told by a health care provider I have heart failure (my heart doesn't pump/squeeze very well). ◯ I have been told by a health care provider I have atherosclerotic cardiovascular disease (blockages in the blood vessels of my heart). ◯ I have been told by a health care provider I have one or more of the following cardiovascular disease risk factors (Body Mass Index/BMI greater than 30, tobacco use, hypertension/high blood pressure, high cholesterol, or diabetes).
Please select the following risk factors you have been told you have by a health care provider:	☐ Elevated Body Mass Index (BMI) (greater than 30) ☐ High blood pressure ☐ High cholesterol levels ☐ Diabetes ☐ I use tobacco products
I can clearly explain what heart failure is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree

I can clearly explain what atherosclerotic cardiovascular disease is and how it affects my body to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree
I can clearly explain what hypertension is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree
I can clearly explain what high cholesterol is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree
I can clearly explain what diabetes is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree

Provider Survey

None of the following questions are required. You can skip any question you are not comfortable answering.

1) Please select the provider type that best describes your role.

- ◯ Primary care physician
- ◯ Cardiologist
- ◯ Advanced practice nurse or physician assistant
- ◯ Nurse or medical assistant
- ◯ Community pharmacist
- ◯ Social worker or care coordinator

2) Are you a WWAMI region Practice and Research Network (WRPN) practice champion?

- ◯ Yes
- ◯ No

Provider Technology Survey

The following questions are related to the use of technology in your practice.

None of the following questions are required. You can skip any question you are not comfortable answering.

Please rate how much you agree with the following statements.

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1)	I regularly seek out new or updated research on cardiovascular care.	○	○	○	○	○	○
2)	I regularly review gudielines for treating hypertension.	○	○	○	○	○	○
3)	I regularly review guidelines for treating heart failure.	○	○	○	○	○	○

Please rate how much you agree with the following questions about remote care for cardiovascular patients.

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree	Does not apply to the scope of my work
4)	I feel confident in my ability to titrate medications remotely.	○	○	○	○	○	○	○
5)	My patients are generally open to medication titrations that are done remotely.	○	○	○	○	○	○	○
6)	My patients are generally able to connect to telehealth visits with little to no barriers.	○	○	○	○	○	○	○
7)	My patients are generally able to use a home blood pressure cuff or scale to monitor vital signs at home with little to no barriers.	○	○	○	○	○	○	○
8)	I would be open to using new technology (i.e., a phone application). to manage my patients with cardiovascular disease	○	○	○	○	○	○	○
9)	My workflow would allow for more remote management of patients with cardiovadcular disease.	○	○	○	○	○	○	○
10)								

My patients would be open to using new technology (i.e., a phone application) to manage their cardiovascular disease.	○	○	○	○	○	○	○

Please rate how much you agree with the following statements about the clinic where you work.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree	Does not apply to the scope of my work
11) My clinic encourages the use of technology in the management of patients.	○	○	○	○	○	○	○
12) I consistently have reliable internet access at my clinic.	○	○	○	○	○	○	○
13) I am comfortable using technology to manage patients in my clinic.	○	○	○	○	○	○	○
14) I can see my clinic implementing new technology to manage cardiovascular disease.	○	○	○	○	○	○	○
15) My clinic could adjust workflow to allow for more remote management of patients with cardiovascular disease.	○	○	○	○	○	○	○

Primary Care Provider

None of the following questions are required. You can skip any question you are not comfortable answering.

How frequently do you see patients to actively manage...

		Daily	Weekly	Bi-weekly	Monthly	Less than monthly	Almost never
1)	Coronary artery disease (e.g., stable angina, post-myocardial infarction)?	○	○	○	○	○	○
2)	Peripheral artery disease (e.g., claudication, peripheral revascularization)?	○	○	○	○	○	○
3)	Cerebrovascular disease (e.g., carotid artery disease, post-TIA/stroke)?	○	○	○	○	○	○
4)	Cardiac arryhtmias (e.g., palpitations, atrial fibrillation)?	○	○	○	○	○	○
5)	Valvular heart disease (e.g., aortic stenosis, valvular regurgitation)?	○	○	○	○	○	○

Please indicate how you manage the following conditions

		Manage independently	Comanage with a specialist	Defer all management to a specialist
6)	Systolic heart failure	○	○	○
7)	Diastolic heart failure	○	○	○
8)	Primary hypertension	○	○	○
9)	Secondary hypertension	○	○	○
10)	Hypertension in pregnancy	○	○	○
11)	Coronary artery disease	○	○	○
12)	Atrial fibrillation	○	○	○

Please rate your level of confidence in treating the following conditions

		Not at all confident	Slightly confident	Somewhat confident	Confident	Very confident
13)	Systolic heart failure	○	○	○	○	○
14)	Diastolic heart failure	○	○	○	○	○
15)	Primary hypertension	○	○	○	○	○
16)	Secondary hypertension	○	○	○	○	○
17)	Resistant hypertension	○	○	○	○	○
18)	Hypertension in pregnancy	○	○	○	○	○
19)	Coronary artery disease	○	○	○	○	○
20)						

Atrial fibrillation	○	○	○	○	○

Please rate how confident you are in treating heart failure in the following questions

	Not at all confident	Slightly confident	Somewhat confident	Confident	Very confident
21) I am confident in my ability ot detect symptoms of decompensated heart failure.	○	○	○	○	○
22) I am confident in my ability to treat mild decompensated heart failure as an outpatient.	○	○	○	○	○
23) I am confident in my ability to start guideline directed medical therapy for systolic heart failure.	○	○	○	○	○
24) I am confident in my ability to titrate guideline directed medical therapy to target doses for systolic heart failure.	○	○	○	○	○

Please rate how much you agree with the following statements about your patients

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
25) My patients are generally open to trying new medications to treat heart failure.	○	○	○	○	○	○
26) My patients generally adhere to their medication regimen for management of heart failure.	○	○	○	○	○	○
27) My patients are generally able to keep track of their daily weights and blood pressure at home.	○	○	○	○	○	○
28) My patients are generally open to trying new medications for the treatment of hypertension.	○	○	○	○	○	○
29) My patients generally adhere to lifestyle interventions for management of their hypertension.	○	○	○	○	○	○

Cardiologist

None of the following questions are required. You can skip any question you are not comfortable answering.

1) How long does it take for your patients to get an appointment to see you?

- ◯ 1 - 2 weeks
- ◯ 3 - 4 weeks
- ◯ 5 - 6 weeks
- ◯ 7 - 8 weeks
- ◯ More than 2 months but less than 3 months
- ◯ More than 3 months but less than 6 months
- ◯ More than 6 months

2) What percent of your patients do you see remotely in a given week?

- ◯ Up to 25%
- ◯ Up to 50%
- ◯ Up to 75%
- ◯ Almost all of my patients
- ◯ I don't see any patients remotely

3) I am comfortable remotely monitoring patients when appropriate

- ◯ Strongly agree
- ◯ Agree
- ◯ Slightly agree
- ◯ Slightly disagree
- ◯ Disagree
- ◯ Strongly disagree

How (or where) do you access each of the following diagnostic and therapeutic procedures?

		At my office site	At a nearby local facility	In a referral city within 50 miles	In a referral city more than 50 miles away
4)	Stress tests	◯	◯	◯	◯
5)	Transthoracic echocardiography	◯	◯	◯	◯
6)	Diagnostic angiography	◯	◯	◯	◯
7)	Percutaneous Coronary Intervention (PCI)	◯	◯	◯	◯
8)	Structural heart intervention (e.g., TAVR)	◯	◯	◯	◯
9)	Cardioversion	◯	◯	◯	◯
10)	Ablations	◯	◯	◯	◯

Advanced Practice Provider

Please answer the following question about your role as an Advanced Practice Provider.

None of the following questions are required. You can skip any question you are not comfortable answering.

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1) Where is the physical location of the staff attending (physician who provides guidance/support for your work)?

- ◯ At my clinic
- ◯ At another facility but I am able to call at any time
- ◯ At another facility and I am not able to call at any time

Nurse/Medical Assistant

None of the following questions are required. You can skip any question you are not comfortable answering.

Which of the following best applies to you?

- ◯ I am a registered nurse (RN)
- ◯ I am a licensed practical nurse (LPN)
- ◯ I am a nursing assistant (CNA)
- ◯ I am a medical assistant (MA)
- ◯ I am something else (please specify)

Please specify what type of nurse or other medical professional you are:

_____

How often are you involved in care coordination (e.g., helping to arrange follow-up appointments with specialty providers, following up on diagnostic tests or recommended treatments, etc.) in your clinic?

- ◯ Daily
- ◯ Weekly
- ◯ Bi-weekly
- ◯ Monthly
- ◯ Less than monthly
- ◯ Almost never

Does your clinic have a nurse advice line?

- ◯ Yes
- ◯ No

How comfortable are you triaging patients with the following cardiovascular conditions?

	Not at all comfortable	A little comfortable	Somewhat comfortable	Comfortable	Completely comfortable
Chest pain	◯	◯	◯	◯	◯
Shortness of breath	◯	◯	◯	◯	◯
Lower leg edema	◯	◯	◯	◯	◯
Palpitations (fast heartbeat)	◯	◯	◯	◯	◯

How often do you encounter patients with the following chief complaints?

	Daily	Weekly	Bi-weekly	Monthly	Less than monthly	Almost never
Heart failure	◯	◯	◯	◯	◯	◯
Valvular heart disease	◯	◯	◯	◯	◯	◯
Heart rhythm disorder	◯	◯	◯	◯	◯	◯
Other cardiac conditions	◯	◯	◯	◯	◯	◯

Social Worker/Care Coordinator

The following questions are about the social situation of patients in your region.

None of the following questions are required. You can skip any question you are not comfortable answering.

Please answer the following questions about patients in your region

		Never	Seldom	Sometimes	Often	Almost always
1)	Conflicting prioities such as family, work, or finances make it difficult for patients in our region to prioritize their medical conditions.	◯	◯	◯	◯	◯
2)	Patients in our region have trouble affording the medications that are prescribed to them.	◯	◯	◯	◯	◯
3)	Patients in our region generally have a steady place to live.	◯	◯	◯	◯	◯
4)	Patients in our region generally have reliable internet access at home.	◯	◯	◯	◯	◯
5)	Patients in our region are generally safe from physical or emotional abuse.	◯	◯	◯	◯	◯
6)	Patients in our region generally have reliable transportation.	◯	◯	◯	◯	◯
7)	Patients in our region can generally afford to eat balanced meals.	◯	◯	◯	◯	◯
8)	Patients in our region can generally access mental health treatment when needed.	◯	◯	◯	◯	◯
9)	Patients in our region can generally access substance use disorder treatment when needed.	◯	◯	◯	◯	◯

10) Our clinic is generally able to see patients within a timeframe that is appropriate for the urgency of their condition.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Slightly disagree
- ◯ Slightly agree
- ◯ Agree
- ◯ Strongly agree

11) Our patients are generally able to see a primary care physician within a timeframe that is appropriate for the urgency of their condition.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Slightly disagree
- ◯ Slightly agree
- ◯ Agree
- ◯ Strongly agree

12) Our patients are generally able to see a cardiologist in a timeframe that is appropriate for the urgency of their condition

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Slightly disagree
- ◯ Slightly agree
- ◯ Agree
- ◯ Strongly agree

Our patients are generally able to comfortably use the following technologies to receive medical care

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
13)	MyChart (or other EHR) messaging	◯	◯	◯	◯	◯	◯
14)	Telehealth provider visit	◯	◯	◯	◯	◯	◯
15)	Smartphone health applications	◯	◯	◯	◯	◯	◯
16)	Wearables that monitor vital signs	◯	◯	◯	◯	◯	◯
17)	Home vital signs (e.g., blood pressure cuffs, scales, heart rate monitors)	◯	◯	◯	◯	◯	◯

Community Pharmacist

None of the following questions are required. You can skip any question you are not comfortable answering.

1) Which of the following conditions do you manage as a pharmacist?

- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Diabetes
- ☐ Heart failure/guideline-directed medical therapy
- ☐ None of the above

2) Do you have existing treatment algorithms for any of the above conditions?

- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Diabetes
- ☐ Heart failure/guideline-directed medical therapy
- ☐ None of the above

Please rate how much you agree with the following statements

		Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
3)	I am comfortable managing medication titrations.	○	○	○	○	○	○
4)	I have adequate time for patient education.	○	○	○	○	○	○
5)	My patients have trouble affording their medication.	○	○	○	○	○	○
6)	My patients are generally open to discussing changing medications with a pharmacist.	○	○	○	○	○	○
7)	My patients are generally adherent to their medication.	○	○	○	○	○	○

Global Learning Reflection Tool

The following questions are about your organization's orientation toward integrating care innovations from other countries into their work.

None of the following questions are required. You can skip any question you are not comfortable answering.

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1) The organization's understanding of the rationale for seeking lessons from other countries to improve primary health care (PHC)...

... is low, or there is little sense of the relevance of practices in other countries to our work.

... is moderate to high among a few stakeholders in the organization, but is not widely shared among those with the ability to influence application of those lessions in the organization.

... is high among key leaders and practitioners with the authority and/or influence to act upon lessons from global health.

(Place a mark on the scale above)

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2) The organization's key leaders' and influencers' understanding of the various ways (inspiration, study of general strategies, and adoption or adaptation of specific programs or approaches) can contribute to improved health and health equity...

... is low, or there is little sense of the relevance of practices in other countries to our work.

... has at least been a topic of conversation, and at least a few influencers or leaders understand the ways in which examples from other countries could contribute to improvement of our work.

... is high among key leaders and practitioners with the authority and/or influence to support organizational approaches to global learning.

(Place a mark on the scale above)

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3) The organization's commitment to incorporating global learning...

... is absent, or it has never been acted upon.

... is sometimes discussed and acknowledged as potentially useful, but there has been little effort to identify or implement global solutions.

... is clearly articulated and resources have been allocated to global learning activities.

(Place a mark on the scale above)

4) The organization's approach to community engagement as a component of primary health care (PHC)...

... has not been influenced by effective practices from other countries.

... while not directly influenced by lessons from other countries, coincidentally reflects effective approaches used in other countries.

... has at least in part been intentionally influenced by and designed or modified using a global idea in order to improve equitable outcomes.

(Place a mark on the scale above)

5) The organization's efforts to study and adopt global approaches to community engagement to improve primary health care (PHC)...

... are non-existent.

... are infrequent, or are at best occasional and random, but are not systematic.

... are frequent and systematic, and have achieved a high level of community engagement as demonstrated in other countries with strong PHC.

(Place a mark on the scale above)

6) The organization's understanding of how other U.S. health care delivery systems and/or community-based organizations have adapted or adopted global approaches to community engagement...

... is low, or the topic has not been considered.

... has at least been a topic of conversation, and at least a few influencers or leaders understand the ways in which examples from other countries could contribute to improvement of our work.

... is high among key leaders and practitioners with the authority and/or influence to support organizational approaches to global learning.

(Place a mark on the scale above)

7) The organization's capacity to identify global solutions (strategies or programs)...

... is non-existent or very low.

... is modest, but can be at least somewhat effective on a case-by case basis.

... is high, and supported by resources to systematically identify ways in which challenges it faces have been addressed in other countries.

(Place a mark on the scale above)

8) The organization's capacity to access global interventions for transferability to its context...

... does not exist, or is very low.

... is mostly done ad hoc or informally when it occurs.

... is strong, and supported by application of a systematic process developed elsewhere or designed internally.

(Place a mark on the scale above)

9) The organization's capacity to adapt interventions using insights from implementation science...

... does not exist, or is very low.

... is limited in scope, but some resources and expertise are present.

... is strong, using either the expertise of internal staff, or of collaborators or consultants with relevant expertise.

(Place a mark on the scale above)

10) The organization's understanding of models and frameworks to support introduction of innovations from other countries to the U.S. ...

... is low, or the topic has not been considered.

... is limited to general familiarity with such models and frameworks.

... is very good, and is sufficient to effectively apply or use such models to adopt interventions.

(Place a mark on the scale above)

Copenhagen Burnout Scale

The following questions are to help understand your experience with personal, work, and client burnout.

None of the following questions are required. You can skip any question you are not comfortable answering.

Please answer each of the following:

		Never	Sometimes	Seldom	Often	Always
1)	How often do you feel tired?	○	○	○	○	○
2)	How often are you physically exhausted?	○	○	○	○	○
3)	How often are you emotionally exhausted?	○	○	○	○	○
4)	How often do you think: "I can't take it anymore?"	○	○	○	○	○
5)	How often do you feel worn out?	○	○	○	○	○
6)	How often do you feel weak and susceptible to illness?	○	○	○	○	○

Please answer each of the following:

		Never	Sometimes	Seldom	Often	Always
7)	Is your work emotionally exhausting?	○	○	○	○	○
8)	Do you feel burnt out because of your work?	○	○	○	○	○
9)	Does your work frustrate you?	○	○	○	○	○
10)	Do you feel worn out at the end of the working day?	○	○	○	○	○
11)	Are you exhausted in the morning at the thought of another day of work?	○	○	○	○	○
12)	Do you feel that every working hour is tiring for you?	○	○	○	○	○
13)	Do you have less energy for family and friends during lesiure time?	○	○	○	○	○

Please answer each of the following:

		Never	Sometimes	Seldom	Often	Always
14)	Do you find it hard to work with clients?	○	○	○	○	○
15)	Do you find it frustrating to work with clients?	○	○	○	○	○
16)						

	Does it drain your energy to work with clients?	○	○	○	○	○
17)	Do you feel that you give more than you get back when you work with clients?	○	○	○	○	○
18)	Are you tired of working with clients?	○	○	○	○	○
19)	Do you sometimes wonder how long you will be able to continue working with clients?	○	○	○	○	○

Research Priorities

The following questions will help us gain insight about what patients and providers in rural areas think are the most important research topics related to accessing and providing cardiovascular care in rural areas.

None of the following questions are required. You can skip any question you are not comfortable answering.

Below is a list of research topics related to the improvement of cardiovascular care in rural areas. Please indicate whether you think each of the following topics should be a research priority.

Developing research strategies to address the shortage of rural health workers	Not a priority — High priority *(Place a mark on the scale above)*
Developing rural-specific care team models	Not a priority — High priority *(Place a mark on the scale above)*
Studying the use of telemedicine and digital tools for health care	Not a priority — High priority *(Place a mark on the scale above)*
Studying the use of rural-specific care sites	Not a priority — High priority *(Place a mark on the scale above)*
Developing regional connections between organizations to support cardiovascular care	Not a priority — High priority *(Place a mark on the scale above)*
Studying funding models for rural-serving hospitals and clinics	Not a priority — High priority *(Place a mark on the scale above)*
Economic development to support healthcare infrastructure	Not a priority — High priority *(Place a mark on the scale above)*
Studying ways to increase the number of people with health insurance in rural areas	Not a priority — High priority *(Place a mark on the scale above)*
Developing data sharing systems for rural health clinics and the hospitals where patients are referred	Low priority — High priority *(Place a mark on the scale above)*
Please specify any other research topics related to cardiovascular care in rural areas that you find important:	_____

Research Priorities for Providers

The following questions will help us gain insight on cardiovascular research topics health care providers find important.

None of the following questions are required. You can skip any question you are not comfortable answering.

Please indicate whether you think quality improvement and implementation research are priorities for each of the following conditions:

1)	Acute coronary syndromes and myocardial infarction	Not a priority	High priority
		(Place a mark on the scale above)	
2)	Chronic coronary artery disease	Not a priority	High priority
		(Place a mark on the scale above)	
3)	Heart failure	Not a priority	High priority
		(Place a mark on the scale above)	
4)	Peripheral artery disease	Not a priority	High priority
		(Place a mark on the scale above)	
5)	Cerebrovascular disease and stroke prevention	Not a priority	High priority
		(Place a mark on the scale above)	
6)	Atrial fibrillation	Not a priority	High priority
		(Place a mark on the scale above)	
7)	Venous thromboembolism	Not a priority	High priority
		(Place a mark on the scale above)	
8)	Hypertension	Not a priority	High priority
		(Place a mark on the scale above)	
9)	High cholesterol	Not a priority	High priority
		(Place a mark on the scale above)	
10)	Weight management	Not a priority	High priority
		(Place a mark on the scale above)	
11)	Smoking cessation	Not a priority	High priority
		(Place a mark on the scale above)	
12)	Chronic kidney disease	Not a priority	High priority
		(Place a mark on the scale above)	

13) Diabetes

Not a priority — High priority

(Place a mark on the scale above)

Provider open-ended

None of the following questions are required. You can skip any question you are not comfortable answering.

1) What do you think is unique about providing care to cardiovascular patients in rural areas?

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