Appendix L:
Survey Instrument, Protocols, and Frequencies

Psychotropic Medication Prescribing Survey

The Ethel and James Flinn Family Foundation wants to understand practitioners' familiarity with and perceptions of algorithms and guidelines for the use of psychotropic medications in the treatment of major depression, bipolar disorder, and schizophrenia. To this end, the Flinn Family Foundation has engaged Public Sector Consultants (PSC) to conduct this survey.

You may either complete this survey and return it in the postage-paid envelope provided or take the survey on the Internet by going to **www.pscinc.com** and clicking on the ***Psychotropic Medication Prescribing Survey*** link located on the left side of the Web page. On the Web-based survey, you will be asked to type the code that appears below on the bottom right corner of the paper survey.

The survey can be completed in less than ten minutes. Please complete and return the survey by November 21, 2003.

Thank you!

PRACTITIONER PROFILE

1. Type of health care professional (*select one*):

   a) Psychiatrist—Adult .... Ⓐ

   b) Psychiatrist—Child .... Ⓑ

   c) Primary care physician—General/family practice .... Ⓒ

   d) Primary care physician—Internist .... Ⓓ

   e) Primary care physician—Pediatrician .... Ⓔ

   f) Primary care physician—Ob/Gyn .... Ⓕ

   g) Psychiatric nurse .... Ⓖ

   h) Other

2. Type of medical/clinical setting in which you treat the majority of your patients (*check all that apply*):

   a) Private medical office—Solo practice .... Ⓐ

   b) Private medical office—Group practice .... Ⓑ

   c) Community Mental Health .... Ⓒ

   d) Hospital/medical center .... Ⓓ

   e) Federally Qualified Health Center (FQHC)/public health clinic .... Ⓔ

   f) Other
   (e.g., homeless shelters, mobile health vans, etc.)

Left margin vertical numbers: 62, 61, 60, 59, 58, 57, 56, 55, 54, 53, 52, 51, 50, 49, 48, 47, 46, 45, 44, 43, 42, 41, 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30, 29, 28, 27, 26, 25, 24, 23, 22, 21, 20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1

3. Do you have the ability to transmit/receive patient information electronically, via the Internet or electronic data interchange (EDI)? . . . . **YES** Ⓨ   **NO** Ⓝ

4. Do you have access to the Internet from your place of work? . . . . Ⓨ   Ⓝ

   4a. If yes, do you use the Internet from your place of work? . . . . Ⓨ   Ⓝ

5. What is the estimated percentage of the total number of patients that you treat whose diagnosis includes one of the following?

   a) Major depression . . . . ☐☐☐ **%**

   b) Bipolar disorder . . . . ☐☐☐ **%**

   c) Schizophrenia . . . . ☐☐☐ **%**

6. In the past year, have you prescribed medication for any of the following?   **YES**   **NO**

   a) Major depression . . . . Ⓨ   Ⓝ

   b) Bipolar disorder . . . . Ⓨ   Ⓝ

   c) Schizophrenia . . . . Ⓨ   Ⓝ

7. How easy is it for you to access the following sources of information to stay abreast of the latest developments in the treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 is "not at all easy" and 5 is "very easy."

	NOT AT ALL EASY 1	2	3	4	VERY EASY 5
a) Professional peer-reviewed journals	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) Non-peer-reviewed journals/newsletters.	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) Professional organizations	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
d) Workshops/conferences	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ
e) Online sources	Ⓔ	Ⓔ	Ⓔ	Ⓔ	Ⓔ
f) Pharmaceutical company representatives and materials	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ
g) Patients	Ⓖ	Ⓖ	Ⓖ	Ⓖ	Ⓖ
h) Colleagues	Ⓗ	Ⓗ	Ⓗ	Ⓗ	Ⓗ

   i) Other ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

8. How **useful** do you find these sources of information for staying abreast of the latest developments in the treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 is "not at all useful" and 5 is "very useful."

	NOT AT ALL USEFUL 1	2	3	4	VERY USEFUL 5
a) Professional peer-reviewed journals	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) Non-peer-reviewed journals/newsletters	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) Professional organizations	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
d) Workshops/conferences	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ
e) Online sources	Ⓔ	Ⓔ	Ⓔ	Ⓔ	Ⓔ
f) Pharmaceutical company representatives	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ
g) Patients	Ⓖ	Ⓖ	Ⓖ	Ⓖ	Ⓖ
h) Colleagues	Ⓗ	Ⓗ	Ⓗ	Ⓗ	Ⓗ
i) Other					

9. To what extent is your ability to prescribe psychotropic medications limited or restricted by the following?

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
a) Private health plan formularies	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) The state's Medicaid preferred drug list	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) A patient's lack of insurance coverage	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ

FAMILIARITY WITH CURRENT ALGORITHMS AND GUIDELINES

10. How familiar are you with any of the following pharmaceutical treatment algorithms or published guidelines? Please select a value from 1 to 5, where 1 is "not at all familiar" and 5 is "very familiar."

	NOT AT ALL FAMILIAR 1	2	3	4	VERY FAMILIAR 5
a) Texas Medication Algorithm Project	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) Michigan Quality Improvement Consortium (MQIC) Guidelines	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) Harvard Algorithms Project	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
d) American Psychiatric Association Guidelines	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ
e) Private health plan or insurance company guidelines	Ⓔ	Ⓔ	Ⓔ	Ⓔ	Ⓔ
f) Expert Consensus Guidelines (e.g., Allen Francis, et al.)	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ
g) Other					

[SERIAL]

USE OF ALGORITHMS AND GUIDELINES

11. Do you refer to or rely upon **any** algorithms or published guidelines when treating patients? . . . .

	YES	NO
	Ⓨ	Ⓝ

12. How **often** do you refer to or rely upon the following pharmaceutical treatment algorithms or published guidelines when developing a treatment plan for patients with major depression, bipolar disorder, or schizophrenia?

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
a) Texas Medication Algorithm Project	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) Michigan Quality Improvement Consortium (MQIC) Guidelines	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) Harvard Algorithms Project	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
d) American Psychiatric Association Guidelines	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ
e) Private health plan or insurance company guidelines	Ⓔ	Ⓔ	Ⓔ	Ⓔ	Ⓔ
f) Expert Consensus Guidelines (e.g., Allen Francis, et al.)	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ

g) Other

13. When you use algorithms and/or published guidelines, to what extent is your decision to use them influenced by the following factors? Please select a value from 1 to 5, where 1 is "not at all an influence" and 5 is "a major influence."

	NOT AT ALL AN INFLUENCE 1	2	3	4	MAJOR INFLUENCE 5
a) Recommended by experts in the field	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) Recommended for use in my practice by health plans or payers	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) Easy to understand and use	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
d) Influence from colleagues	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ
e) Significant evidence that they improve patient outcomes	Ⓔ	Ⓔ	Ⓔ	Ⓔ	Ⓔ
f) Financial incentives	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ
g) Allows for prescriber autonomy	Ⓖ	Ⓖ	Ⓖ	Ⓖ	Ⓖ
h) Saves time without jeopardizing patient outcomes	Ⓗ	Ⓗ	Ⓗ	Ⓗ	Ⓗ
i) Patient request or preference	Ⓘ	Ⓘ	Ⓘ	Ⓘ	Ⓘ
j) Recommendation by a professional group	Ⓙ	Ⓙ	Ⓙ	Ⓙ	Ⓙ
k) Recommendation by a pharmaceutical manufacturer	Ⓚ	Ⓚ	Ⓚ	Ⓚ	Ⓚ
l) Includes decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	Ⓛ	Ⓛ	Ⓛ	Ⓛ	Ⓛ
m) Training in the use of algorithm	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ

n) Other

14. When you **do not use** algorithms and/or published guidelines, how significant are the following reasons? Please select a value from 1 to 5, where 1 is "not a reason" and 5 is a "significant reason."

	NOT AT A REASON 1	2	3	4	SIGNIFICANT REASON 5
a) Don't need to; I already do what the guidelines and algorithms recommend	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) Not easy for me to use when I'm seeing patients	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) Patients need individualized treatment	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
d) Formulary restrictions	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ
e) Patient preferences	Ⓔ	Ⓔ	Ⓔ	Ⓔ	Ⓔ
f) Lack of evidence that they improve patient outcomes	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ
g) Lack of financial incentives	Ⓖ	Ⓖ	Ⓖ	Ⓖ	Ⓖ
h) Adds paperwork	Ⓗ	Ⓗ	Ⓗ	Ⓗ	Ⓗ
i) Adds too much time	Ⓘ	Ⓘ	Ⓘ	Ⓘ	Ⓘ
j) Infrastructure requirements (e.g., new technology needed)	Ⓙ	Ⓙ	Ⓙ	Ⓙ	Ⓙ
k) Compromises prescriber autonomy	Ⓚ	Ⓚ	Ⓚ	Ⓚ	Ⓚ
l) Recommendation by a pharmaceutical manufacturer	Ⓛ	Ⓛ	Ⓛ	Ⓛ	Ⓛ
m) Lack of decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ
n) Lack of endorsement from professional groups	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ
o) Lack of training in the use of algorithm/guideline	Ⓞ	Ⓞ	Ⓞ	Ⓞ	Ⓞ

p) Other ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

15. Which of the following would *increase the likelihood that you would use* consensus guidelines or algorithms for the pharmaceutical treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 means the item would "not increase the likelihood of use" and 5 means the item would "most definitely increase the likelihood of use."

	NOT INCREASE LIKELIHOOD OF USE 1	2	3	4	MOST DEFINITELY INCREASE LIKELIHOOD OF USE 5
a) Increased reimbursement from payers	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
b) CE/CME credit	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
c) Includes decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
d) Ongoing training in the use of the algorithm	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ

16. Are there any other strategies that would affect your decision to adopt concensus guidelines or algorithms for the pharmecutical treatment of major depression, bipolar disorder and schizophrenia?

18. Please give us any additional comments on this topic or project.

Thank you very much for your time and insights!

[SERIAL]

Practitioner Survey

The survey to 6,208 practitioners was fielded in November; 531 practitioners completed the survey, for a response rate of 8.6 percent. Complete survey results are presented in Appendix A.

Profile of Respondents (Q1–6)

- 40% psychiatrists/60% PCPs
  - Psychiatrists (214): 84% treat adults, 16% treat children
  - PCPs (277): 51% general or family practice practitioners

- Half of respondents can transmit and receive patient information electronically
- Most have access to the Internet and use it from their place of work
- Psychiatrists more often than PCPs have patients with major depression, bipolar disorder, or schizophrenia
- Major depression is the most prevalent diagnosis and is more prescribed

Information Sources (Q7 and Q8)

- Peers and interactions with peers are most important sources of information
- Peer reviewed journals are easiest source to access, followed by non-peer-reviewed journals and pharmaceutical representatives
- Peer-reviewed journals also top pick for usefulness
- Workshops, colleagues, and professional organizations are most useful ways of keeping abreast but not easy to access
- No great difference in responses of psychiatrists and PCPs

Limitations on Prescribing (Q9)

- More PCPs perceive/experience restrictions or limitations in their ability to prescribe
- This is especially true for private health plans and Medicaid

Algorithm/Guideline Familiarity (Q10)

- Psychiatrists
  - 59% "somewhat/very familiar" with APA guidelines
  - 38% "somewhat/very familiar" with TMAP

- PCPs
  - 8% "somewhat/very familiar" with APA guidelines
  - Practically no one is familiar with TMAP (<2%)
  - Most familiar with private health plan guidelines (11%)

Use and Barriers (Q11–14)

- Little difference in the use of *any* guideline
  - 48% of psychiatrists report using or relying on *any* guideline and algorithm

- 42% of PCPs report using any guideline or algorithm

■ Drop-off in use among psychiatrists
  - 59% familiar with APA guidelines; only 24% "often or always" use them in treatment
  - 38% familiar with TMAP; 10% "often or always" use it

■ Nearly all PCPs who are familiar with guidelines also use them
  - 8% are familiar with APA guidelines and report often or always using the those guidelines

Facilitating Factors (Q13)

Both groups use algorithms and guidelines for the same reasons:

■ Significant evidence that they improve patient outcomes
■ Easy to understand and use
■ Influence of colleagues
■ Recommendations by professional group
■ Recommendations from experts in the field

Barriers (Q14): Psychiatrists

Top five reasons for not using algorithms/guidelines

■ Patients need individualized treatment
■ Already do what guidelines recommend
■ Lack of training in how to use them
■ Patient preferences
■ Lack of evidence that they improve patient outcomes

Barriers (Q14): PCPs

Top five reasons for not using algorithms/guidelines

■ Patients need individualized treatment
■ Lack of training in how to use them
■ Formulary restrictions
■ Not easy to use when they are seeing patients
■ Adds too much time

Bottom Line: What Will it Take? (Q15)

Top factor for both groups: more evidence that guidelines make a difference in patient outcomes

Preliminary Analysis: Big Picture

■ "Messengers"

- All respondents are similar in the information sources they have access to and find useful
- They value expert opinion, evidence, and the ability to interact in various ways with colleagues
- Peer reviewed journals cited as accessible and useful to all. Other venues, such as workshops and professional organizations are rated as useful, but are not as accessible as other sources, e.g., pharmaceutical representatives

■ Systemic barriers encountered by the two groups of practitioners may be different
- Any plan that tackles systemic barriers needs to address how and why these groups differ and how they may experience the system of mental health care differently
- While the venues for education, training, and dissemination can be similar for both groups, the plan may need to diverge when it comes to tackling barriers to implementation

■ Facilitating use
- Evidence
- Make it easy to use

Practitioner Survey Results

SURVEY FREQUENCIES

Practitioner Profile

1. Type of health care professional (*select one*):

a)	Psychiatrist—Adult	34%
b)	Psychiatrist—Child	06
c)	Primary care physician—General/family practice	26
d)	Primary care physician—Internist	11
e)	Primary care physician—Pediatrician	07
f)	Primary care physician—Ob/Gyn	07
g)	Psychiatric nurse	<1
h)	Other	<1
	Missing	06
	Multiple entries	01

2. Type of medical/clinical setting in which you treat the majority of your patients *(check all that apply)*:

		Entire Sample	Psychiatrists
a)	Private medical office—Solo practice	33%	41%
b)	Private medical office—Group practice	37	19
c)	Community Mental Health	12	27
d)	Hospital/medical center	27	40
e)	Federally Qualified Health Center (FQHC)/public health clinic	03	<1
f)	Other (e.g., homeless shelters, mobile health vans, etc.)	03	01

3. Do you have the ability to transmit/receive patient information electronically?

	Entire Sample	Psychiatrists
Yes	51%	49
No	45	48
Missing	04	03

4. Do you have access to the Internet from your place of work?

	Entire Sample	Psychiatrists
Yes	77%	69%
No	19	28
Missing	03	03

4a. If yes, do you use the Internet from your place of work?

	Entire Sample	Psychiatrists
Yes	80%	79%
No	20	20
Missing	00	00

5. What is the estimated percentage of the total number of patients that you treat whose primary diagnosis includes one of the following?

		Entire Sample (median)	Psychiatrists (median)
a)	Major depression	20%	40%
b)	Bipolar disorder	05	20
c)	Schizophrenia	02	10

6. In the past year, have you prescribed medication for any of the following?

		Yes	No	Missing
Entire Sample				
a)	Major depression	88%	09%	03%
b)	Bipolar disorder	71	25	04
c)	Schizophrenia	56	39	05
Psychiatrists				
a)	Major depression	94	03	02
b)	Bipolar disorder	94	05	01
c)	Schizophrenia	89	09	01

7. How easy is it for you to access the following sources of information to stay abreast of the latest developments in the treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 is "not at all easy" and 5 is "very easy."

		Not at all easy 1	2	3	4	Very easy 5	Missing
Entire Sample							
a)	Professional peer-reviewed journals	03%	07%	21%	28%	37%	03%
b)	Non-peer-reviewed journals/newsletters	07	11	25	24	29	06
c)	Professional organizations	06	18	30	24	17	05
d)	Workshops/conferences	06	16	31	28	15	04
e)	Online sources	11	12	21	26	25	06
f)	Pharmaceutical company representatives and materials	08	09	23	29	27	04
g)	Patients	12	14	29	20	17	07
h)	Colleagues	06	12	31	27	19	05
i)	Other = 01						

8. How **useful** do you find these sources of information for staying abreast of the latest developments in the treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 is "not at all useful" and 5 is "very useful."

		Not at all useful 1	2	3	4	Very useful 5	Missing
	Entire Sample						
a)	Professional peer-reviewed journals	03%	07%	14%	34%	37%	04%
b)	Non-peer-reviewed journals/newsletters	07	20	32	24	11	05
c)	Professional organizations	06	15	34	28	12	06
d)	Workshops/conferences	02	08	22	35	28	05
e)	Online sources	12	17	25	25	14	07
f)	Pharmaceutical company representatives	15	24	29	20	08	05
g)	Patients	17	33	28	09	05	07
h)	Colleagues	04	10	24	36	18	08
i)	Other = <1						

9. To what extent is your ability to prescribe psychotropic medications limited or restricted by the following?

		Never	Rarely	Sometimes	Often	Always	Missing
	Entire Sample						
a)	Private health plan formularies	07%	14%	39%	30%	05%	04%
b)	The state's Medicaid formulary	09	10	26	38	13	06
c)	A patient's lack of insurance coverage	06	08	33	38	10	05
	Psychiatrists						
a)	Private health plan formularies	09	19	42	24	03	02
b)	The state's Medicaid formulary	12	15	29	32	10	01
c)	A patient's lack of insurance coverage	08	08	37	36	10	01

Familiarity with Current Algorithms and Guidelines

10. How familiar are you with any of the following pharmaceutical treatment algorithms or published guidelines? Please select a value from 1 to 5, where 1 is "not at all familiar" and 5 is "very familiar."

		Not at all familiar 1	2	3	4	Very familiar 5	Missing
	Entire Sample						
a)	Texas Medication Algorithm Project	63%	09%	08%	11%	06%	03%
b)	Michigan Quality Improvement Consortium (MQIC) Guidelines	58	17	14	05	03	03
c)	Harvard Algorithms Project	72	12	08	02	<1	05
d)	American Psychiatric Association	31	17	19	20	09	04

	Not at all familiar 1	2	3	4	Very familiar 5	Missing
Guidelines						
e) Private health plan or insurance company guidelines	41	26	19	08	02	04
f) Expert Consensus Guidelines (i.e., Allen Francis, et al.)	56	17	14	07	02	04
g) Other = 02						
Psychiatrists						
a) Texas Medication Algorithm Project	31	14	16	23	15	01
b) Michigan Quality Improvement Consortium (MQIC) Guidelines	58	20	13	05	03	01
c) Harvard Algorithms Project	59	18	14	05	01	03
d) American Psychiatric Association Guidelines	08	10	22	40	19	01
e) Private health plan or insurance company guidelines	42	28	22	04	03	02
f) Expert Consensus Guidelines (i.e., Allen Francis, et al.)	36	20	24	14	03	03
g) Other = 02						

Use of Algorithms and Guidelines

11. Do you refer to or rely upon any algorithms or published guidelines when treating patients?

	Entire Sample	Psychiatrists
Yes	45%	48%
No	47	45
Missing	8	7

12. How **often** do you refer to or rely upon the following pharmaceutical treatment algorithms or published guidelines when developing a treatment plan for patients with major depression, bipolar disorder, or schizophrenia?

	Never	Rarely	Sometimes	Often	Always	Missing
Entire Sample						
a) Texas Medication Algorithm Project	66%	10%	10%	05%	00%	09%
b) Michigan Quality Improvement Consortium (MQIC) Guidelines	66	10	10	03	<1	10
c) Harvard Algorithms Project	75	10	03	01	<1	11
d) American Psychiatric Association Guidelines	39	13	20	12	04	11
e) Private health plan or insurance company guidelines	53	16	15	06	01	10
f) Expert Consensus Guidelines (e.g., Allen Francis, et al.)	59	12	11	05	01	11
g) Other = 04						
Psychiatrists						

		Never	Rarely	Sometimes	Often	Always	Missing
a)	Texas Medication Algorithm Project	48	19	19	10	00	04
b)	Michigan Quality Improvement Consortium (MQIC) Guidelines	73	14	07	01	<1	05
c)	Harvard Algorithms Project	76	17	03	<1	00	06
d)	American Psychiatric Association Guidelines	23	15	31	19	06	04
e)	Private health plan or insurance company guidelines	56	21	14	04	<1	04
f)	Expert Consensus Guidelines (e.g., Allen Francis, et al.)	52	16	16	07	02	06
g)	Other = 04						

13. When you **use** algorithms and/or published guidelines, to what extent is your decision to use them influenced by the following factors? Please select a value from 1 to 5, where 1 is "not at all an influence" and 5 is "a major influence."

		Not at all an influence 1	2	3	4	Major influence 5	Missing
	Entire Sample						
a)	Recommended by experts in the field	07%	03%	18%	28%	26%	18%
b)	Recommended for use in my practice by health plans or payers	22	19	26	11	04	18
c)	Easy to understand and use	09	06	20	31	17	18
d)	Influence from colleagues	08	12	23	30	08	18
e)	Significant evidence that they improve patient outcomes	06	03	11	28	35	17
f)	Financial incentives	47	19	08	06	02	18
g)	Allows for prescriber autonomy	15	12	28	18	08	19
h)	Saves time without jeopardizing patient outcomes	15	14	21	23	10	18
i)	Patient request or preference	15	14	28	21	04	18
j)	Recommendation by a professional group	11	08	26	29	08	18
k)	Recommendation by a pharmaceutical manufacturer	28	29	18	06	01	18
l)	Includes decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	25	16	20	17	04	18
m)	Training in the use of algorithm	23	13	20	16	07	19
n)	Other = 05						
	Psychiatrists						
a)	Recommended by experts in the field	10	04	18	28	30	10
b)	Recommended for use in my practice by health plans or payers	35	25	19	06	02	12
c)	Easy to understand and use	14	09	24	26	14	13
d)	Influence from colleagues	13	17	27	27	07	10
e)	Significant evidence that they improve patient outcomes	08	05	12	27	39	09
f)	Financial incentives	55	20	08	05	01	11
g)	Allows for prescriber autonomy	17	12	25	22	11	14

		Not at all an influence 1	2	3	4	Major influence 5	Missing
h)	Saves time without jeopardizing patient outcomes	21	18	19	21	10	12
i)	Patient request or preference	21	14	24	24	05	11
j)	Recommendation by a professional group	17	11	28	28	06	10
k)	Recommendation by a pharmaceutical manufacturer	39	31	15	03	<1	11
l)	Includes decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	38	14	19	15	02	12
m)	Training in the use of algorithm	31	15	19	14	08	13
n)	Other = 03						

14. When you **do not use** algorithms and/or published guidelines, how significant are the following reasons? Please select a value from 1 to 5, where 1 is "not a reason" and 5 is a "significant reason."

		Not a reason 1	2	3	4	Significant reason 5	Missing
	Entire Sample						
a)	Don't need to; I already do what the guidelines and algorithms recommend	23%	08%	21%	21%	14%	12%
b)	Not easy for me to use when I'm seeing patients	20	13	19	22	14	12
c)	Patients need individualized treatment	07	07	21	21	32	11
d)	Formulary restrictions	14	17	26	22	10	11
e)	Patient preferences	13	17	35	19	04	12
f)	Lack of evidence that they improve patient outcomes	23	14	21	16	13	12
g)	Lack of financial incentives	59	13	10	04	01	12
h)	Adds paperwork	31	18	16	15	09	12
i)	Adds too much time	24	15	20	20	10	11
j)	Infrastructure requirements (e.g., new tech. needed)	30	17	20	12	08	13
k)	Compromises prescriber autonomy	29	18	23	11	06	13
l)	Recommendation by a pharmaceutical manufacturer	41	22	18	04	02	13
m)	Lack of decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	28	21	22	14	03	13
n)	Lack of endorsement from professional groups	24	17	24	16	07	12
o)	Lack of training in the use of algorithm/guideline	16	13	19	23	17	12
p)	Other = 04						
	Psychiatrists						
a)	Don't need to; I already do what the guidelines and algorithms recommend	18%	06%	16%	29%	24%	05%
b)	Not easy for me to use when I'm seeing patients	28	15	21	21	09	06
c)	Patients need individualized treatment	07	04	20	30	34	05

		Not a reason 1	2	3	4	Significant reason 5	Missing
d)	Formulary restrictions	21	24	27	16	06	06
e)	Patient preferences	13	19	34	21	05	08
f)	Lack of evidence that they improve patient outcomes	24	15	21	17	15	06
g)	Lack of financial incentives	69	11	10	04	<1	06
h)	Adds paperwork	44	20	14	11	06	06
i)	Adds too much time	35	15	21	18	07	05
j)	Infrastructure requirements (e.g., new tech. needed)	39	15	20	12	07	07
k)	Compromises prescriber autonomy	28	14	30	12	09	06
l)	Recommendation by a pharmaceutical manufacturer	49	23	16	03	02	06
m)	Lack of decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	37	20	20	14	03	06
n)	Lack of endorsement from professional groups	28	21	22	15	06	06
o)	Lack of training in the use of algorithm/guideline	23	17	19	20	13	07
p)	Other = 03						

15. Which of the following would *increase the likelihood that you would use* consensus guidelines or algorithms for the pharmaceutical treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 means the item would "not increase the likelihood of use" and 5 means the item would "most definitely increase the likelihood of use."

		Not an increase likelihood of use 1	2	3	4	Most Definitely an increase likelihood of use 5	Missing
	Entire Sample						
a)	Increased reimbursement from payers	31%	12%	17%	18%	15%	08%
b)	CE/CME credit	18	13	23	23	15	08
c)	Includes decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	13	11	25	17	<1	09
d)	Ongoing training in the use of the algorithm	10	11	24	29	19	08
e)	More evidence that they made a difference in patient outcome	05	05	12	29	42	07
	Psychiatrists						
a)	Increased reimbursement from payers	43	14	14	16	10	03
b)	CE/CME credit	25	14	18	22	16	04
c)	Includes decision support (e.g., laminated cards, computer/Web-based support,	20	14	25	20	16	05

		Not an increase likelihood of use 1	2	3	4	Most Definitely an increase likelihood of use 5	Missing
	one-page summaries)						
d)	Ongoing training in the use of the algorithm	15	14	25	22	20	05
e)	More evidence that they made a difference in patient outcome	05	07	11	22	53	03

16. Are there any other factors that would affect your decision to adopt consensus guidelines or algorithms for the pharmaceutical treatment of major depression, bipolar disorder and schizophrenia? [*Open-ended*]

17. Please give us any additional comments on this topic or project. [*Open-ended*]

AVERAGE RATINGS FOR SELECT QUESTIONS

The following is a presentation of average ratings for questions 7,8, 13,14 and 15—all questions where respondents were asked to use a scale from 1 to 5 to rate the items under consideration. They have been arrange in descending order so they are in a different order than they appear on they survey.

Access to Information Sources

7. How easy is it for you to access the following sources of information to stay abreast of the latest developments in the treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 is "not at all easy" and 5 is "very easy."

		Average
a)	Professional peer-reviewed journals	3.92
b)	Non-peer-reviewed journals/newsletters	3.60
f)	Pharmaceutical company representatives and materials	3.60
e)	Online sources	3.43
h)	Colleagues	3.42
d)	Workshops/conferences	3.31
c)	Professional organizations	3.29
g)	Patients	3.18

Usefulness of Information Sources

8. How **useful** do you find these sources of information for staying abreast of the latest developments in the treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 is "not at all useful" and 5 is "very useful."

		Average
a)	Professional peer-reviewed journals	4.01
d)	Workshops/conferences	3.81
h)	Colleagues	3.59
c)	Professional organizations	3.26
e)	Online sources	3.13
b)	Non-peer-reviewed journals/newsletters	3.12
f)	Pharmaceutical company representatives	2.82
g)	Patients	2.52

Influencing Factors

13. When you **use** algorithms and/or published guidelines, to what extent is your decision to use them influenced by the following factors? Please select a value from 1 to 5, where 1 is "not at all an influence" and 5 is "a major influence."

		Average
e)	Significant evidence that they improve patient outcomes	3.99
a)	Recommended by experts in the field	3.76
c)	Easy to understand and use	3.48
d)	Influence from colleagues	3.23
j)	Recommendation by a professional group	3.18
h)	Saves time without jeopardizing patient outcomes	3.00
g)	Allows for prescriber autonomy	2.91
i)	Patient request or preference	2.80
m)	Training in the use of algorithm	2.64
l)	Includes decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	2.50
b)	Recommended for use in my practice by health plans or payers	2.46
k)	Recommendation by a pharmaceutical manufacturer	2.04
f)	Financial incentives	1.74

Barriers to Implementation

14. When you **do not use** algorithms and/or published guidelines, how significant are the following reasons? Please select a value from 1 to 5, where 1 is "not a reason" and 5 is a "significant reason."

		Average
c)	Patients need individualized treatment	3.60
o)	Lack of training in the use of algorithm/guideline	3.14
a)	Don't need to; I already do what the guidelines and algorithms recommend	2.97
b)	Not easy for me to use when I'm seeing patients	2.97
d)	Formulary restrictions	2.96
e)	Patient preferences	2.83
f)	Lack of evidence that they improve patient outcomes	2.78
i)	Adds too much time	2.75
n)	Lack of endorsement from professional groups	2.62
h)	Adds paperwork	2.45
j)	Infrastructure requirements (e.g., new technology needed)	2.43
k)	Compromises prescriber autonomy	2.40
m)	Lack of decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	2.36
l)	Recommendation by a pharmaceutical manufacturer	1.91
g)	Lack of financial incentives	1.56

Increasing the Likelihood of Use

15. Which of the following would *increase the likelihood that you would use* consensus guidelines or algorithms for the pharmaceutical treatment of major depression, bipolar disorder, and/or schizophrenia? Please select a value from 1 to 5, where 1 means the item would "not increase the likelihood of use" and 5 means the item would "most definitely increase the likelihood of use."

		Average
e)	More evidence that they made a difference in patient outcome	4.07
d)	Ongoing training in the use of the algorithm	3.38
c)	Includes decision support (e.g., laminated cards, computer/Web-based support, one-page summaries)	3.23
b)	CE/CME credit	3.04
a)	Increased reimbursement from payers	2.72