APPENDIX 1. HVCCS among Internal Medicine Hospitalists Across 12 Medical Centers who Agree or Strongly Agree (n = 255 participants)

xamples Statements from HVCCS Subdomains 1, %)	Overall (n = 255)	University (n = 147)	Community (n = 85)	Safety-net (n = 23)	P Value
eadership and Heath System Messaging	. ,				
ne leadership of our group provides a work climate that promotes the delivery of uality care at low cost	156 (61.2)	86 (58.5)	64 (75.3)	6 (26.1)	<.001**
ne actions of the leadership of our group show that delivering quality care at low cost a top priority	131 (51.4)	81 (55.1)	43 (50.6)	7 (30.4)	0.09
ne leadership of our group values efforts to deliver quality care at low cost	173 (67.8)	106 (72.1)	54 (63.5)	13 (56.5)	0.48
ne leadership provides support for system changes to improve the delivery of quality are at low cost	160 (62.7)	97 (66.0)	52 (61.2)	11 (47.8)	0.45
ly group encourages pointing out unnecessary practices	160 (62.7)	97 (66.0)	48 (56.5)	15 (65.2)	0.55
ly supervisor seriously considers our suggestions to improve care quality at low cost	173 (67.8)	110 (74.8)	50 (58.8)	14 (60.9)	.03*
ly group openly discusses ways to deliver quality care at low cost	138 (54.1)	94 (63.9)	36 (42.4)	8 (34.8)	.002**
ne majority of clinicians in my group consistently role model providing quality care t low cost	128 (50.2)	70 (47.6)	51 (60.0)	7 (30.4)	.05*
linicians in my group weigh costs in their clinical decision-making	148 (58.0)	97 (66.0)	38 (44.7)	13 (56.5)	.009**
ly group encourages the consideration of cost in clinical decision-making	160 (62.7)	107 (72.8)	39 (45.9)	14 (60.9)	<.001**
ly group encourages frontline clinicians to pursue quality improvement projects	215 (84.3)	132 (89.8)	70 (82.4)	13 (56.5)	<.001**
linicians in my group take pride in being able to reduce costs to patients	129 (50.6)	82 (55.8)	40 (47.1)	7 (30.4)	.11
ly group is actively implementing projects that address costs of care	147 (57.6)	107 (72.8)	34 (40.0)	6 (26.1)	<0.001**
linicians in my group are willing to work with administrators, staff, and other col- agues to identify opportunities and make changes that minimize inappropriate care	204 (80.0)	118 (80.3)	72 (84.7)	14 (60.9)	0.03*
revious efforts to promote quality care at lower cost in my group have been met ith success	127 (49.8)	80 (54.4)	41 (48.2)	6 (26.1)	0.05*
ore educational opportunities (grand rounds and continuing medical education) re provided to my group to regularly address issues related to appropriate use, overuse, r healthcare costs	123 (48.2)	75 (51.0)	35 (41.2)	13 (56.5)	0.44
linicians in my group have access to information about the quality of care the group rovides	120 (47.1)	65 (44.2)	48 (56.5)	7 (30.4)	0.02*
ata Transparency and Access					
linicians in my group know where to go to find answers when they have questions bout costs	41 (16.1)	29 (19.7)	10 (11.8)	2 (8.7)	0.25
linicians in my group have access to information about the costs of tests and rocedures they order or provide	35 (13.7)	26 (17.7)	7 (8.2)	8 (56.5)	0.94
lame-free Environment					
my group, the clinicians' fear of legal repercussions affects how often they order nneeded tests or procedures	121 (47.5)	68 (46.3)	47 (55.3)	6 (26.1)	0.03*
dividual clinicians are blamed for medical or surgical complications	53 (20.8)	25 (17.0)	25 (29.4)	3 (13.0)	0.04*
Comfort with Cost Conversations					
Clinicians in my group are uncomfortable discussing costs of tests or treatments with patients	90 (35.3)	52 (35.4)	32 (37.6)	6 (26.1)	0.25
Patients that I see are uncomfortable discussing costs of tests or treatments	67 (26.3)	41 (27.9)	18 (21.2)	8 (34.8)	0.84

"Group" is meant to represent the clinicians within your specialty that you work with most closely on a regular basis. For residents, please define your group as the residents in your training program.

Any survey item had 3% or less missing data.

*P value < .05, **P value < .01, ***P < .001.