

**PUBLIC HEALTH RESEARCH INSTITUTE (PHRI)
DATA COLLECTION FORM FOR CHRONIC CARE
PRACTICE SITE ASSESSMENT**

Name of reviewer:	
Name of Primary Care Site:	
Name of informant:	
Date:	/ /

INSTRUCTIONS: This survey is designed to evaluate the system of care in place for chronic illness and end of life care at the care practice location. For each statement, circle yes or no and check the box that corresponds to the disease/condition(s) that the statement is applicable for. Some statements require an answer based on a 1-5 scale (1=always, 2=often, 3=sometimes, 4=seldom, 5=never). Answer these questions separately for each disease/condition and record a number within each box. Please answer from the perspective of the entire practice but feel free to comment if there are components that individual providers use on their own. For the statements that request additional information, such as location and type of provider education, please comment in the extra box space available for each condition that the information applies to.

	Diabetes	Depression	Obesity	COPD	Congestive Heart Failure	Hyper-tension	Hyper-lipidemia	End of Life Care
Section A: Organization of the System of Care								
1. The practice has a healthcare improvement team. Yes / No Describe the team (e.g. delegated responsibilities, resources, strategy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The practice and/or specific staff members have participated in quality improvement programs. Yes / No Describe programs (e.g. collaborative programs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There are practice-based incentives for participating in healthcare quality improvement. Describe incentives. Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The practice employs quality improvement tools in providing care (e.g. PDSA model, The Chronic Care model, etc. – see attached). Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section B: Practice use of Evidence-based Guidelines								
1. The practice uses protocols founded on evidence-based guidelines for screening, diagnosis, treatment, and management. Yes / No Please comment on accessibility of protocols – e.g. in exam rooms, in patient charts, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Evidence-based protocols are routinely reviewed and discussed with patients. <u>Please scale from 1-5 for each disease/condition.</u>								
3. The practice uses reminders to prompt physicians and staff to use the evidence-based protocols. Describe reminders. Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The practice has a system in place for providing staff with education and training on current guidelines for care. Yes / No Please comment on the education/training type and how/where it is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Practice staff review patient barriers to adherence. <u>Please scale from 1-5 for each disease/condition.</u>								
6. Practice staff employ goal setting with patients. <u>Please scale from 1-5 for each disease/condition.</u>								

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Section C: Patient Education and Self-Management Methods								
1. The practice provides patients with disease/condition specific education. <u>Please scale from 1-5 for each disease/condition.</u> Describe the education type (routine discussion, written materials, class, etc.) and how/where it is available (primary care site, referral to specialty clinic, etc.).								
2. The practice provides patients with education on behavioral risk factor change. <u>Please scale from 1-5 for each disease/condition.</u> Describe the education type (routine discussion, written materials, class, etc.) and how/where it is available (primary care site, referral to specialty clinic, etc.).								
3. The practice has specific self-management tools for particular diseases/conditions. Describe tools. Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The self-management tools are routinely reviewed with patients to monitor success/failure, including compliance and satisfaction. <u>Please scale from 1-5 for each disease/condition.</u>								
5. Treatment plans are established and managed through physician, clinical educator, and patient collaboration. <u>Please scale from 1-5 for each disease/condition.</u>								
6. The practice has an on site clinical educator to support and reinforce patient self-management and clinical management. Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section D: Integration of care								
1. The practice refers patients to services and providers outside of the primary care site through active coordination with the community services/providers, and with patients. <u>Please scale from 1-5 for each disease/condition.</u>								
2. The practice routinely communicates with providers outside of the primary care site to follow-up and monitor patients' progress. <u>Please scale from 1-5 for each disease/condition.</u> Describe the communication (e.g. calls made, calls received).								
3. There are practice guidelines when employing medical specialists for decision support in diagnosis, treatment and management. Yes / No Please comment on the practice standards, or if physicians employ medical specialists at his/her own discretion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section E: Delivery System Design/Clinical Information System								
1. The practice has an appointment and follow-up system that incorporates functions to accommodate patients with multiple diseases/conditions. Yes / No Describe (e.g. planned visits, multiple provider visits, and customized visit length).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The practice has a patient registry. Yes / No Describe (e.g. tied to evidence-based tools and reminders about needed services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The practice uses an electronic medical record. <u>Please scale from 1-5 for each disease/condition.</u> If no EMR is used, how are patient medical records tracked? Please provide examples.								

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Section E: Delivery System Design/Clinical Information System cont.								
4. The practice has electronic prescribing capabilities. Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The practice has electronic access to laboratory results or other tests. Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>