Care Coordination Measures Atlas--June 2014 Update

Appendix IVa. Care Coordination Measure Instruments for Updated *Atlas*

Persons using assistive technology may not be able to fully access information in this report. For assistance contact Janice Genevro at janice.genevro@ahrq.hhs.gov.

This appendix contains copies of many of the individual measure instruments added to the updated *Care Coordination Measures Atlas,* with contact information for the measure developer when available.

Note that, because of copyright constraints, AHRQ has made no changes to the measures; they remain in the same form as they were provided to AHRQ by their developers.

Updated June 2014

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Measure # 4d: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Centered Medical Home (PCMH) Supplementary Survey Adult Version 2.0

Contact Information:

- Contact the CAHPS Help Line at cahps1@ahrq.gov or 1-800-492-9261 with questions or comments about the content or implementation of CAHPS surveys, the use of CAHPS surveys for consumer reporting or quality improvement, events sponsored by the CAHPS User Network, or the usability of the CAHPS Web site.

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Additional Notes:

- To learn more about using the CAHPS "Clinician and Group Survey" instruments, visit: https://www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp?p=1021&s=213.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
HL29. In the last 12 months, did you fill out any forms at this provider's office? [1]☐ Yes [2]☐ No → **If No, go to [core question] #24**	After core question 23	After question 32	After HIT7-12 After RC1-2 Before CU9-21 Before PCMH10-18 Before CU22-34	
HL30. In the last 12 months, how often were you offered help to fill out a form at this provider's office? [1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always	After core question 23	After question 32	After HIT7-12 After RC1-2 Before CU9-21 Before PCMH10-18 Before CU 22-34	Must be used with HL29
HL31. In the last 12 months, how often were the forms from this provider's office easy to fill out? [1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always	After core question 23	After question 32	After HIT7-12 After RC1-2 Before CU9-21 Before PCMH10-18 Before CU22-34	Must be used with HL29

Health Promotion and Education

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
HP1. In the last 12 months, did you need this provider's help in making changes to prevent illness? [1] ☐ Yes [2] ☐ No → **If No, go to #HP3** **HP2.** In the last 12 months, did this provider give you the help you needed to make changes to prevent illness? [1] ☐ Yes, definitely [2] ☐ Yes, somewhat [3] ☐ No	After core question 17 In core question 16, change skip instruction to: **If No, go to #HP1**	After question 22 In question 21, change skip instruction to: **If No, go to #HP1**	After PC3 After HI1 If using HI1, follow the instructions for changing the skip instruction in HI1.	HP1-2 must be used together.
HP3. In the last 12 months, did you and this provider talk about healthy eating habits? [1] ☐ Yes, definitely [2] ☐ Yes, somewhat [3] ☐ No	After core question 17	After question 22	After PC3 After HI1	See changes to skip instruction in HP1.
HP4. In the last 12 months, did you and this provider talk about the exercise or physical activity you get? [1] ☐ Yes, definitely [2] ☐ Yes, somewhat [3] ☐ No	After core question 17	After question 22	After PC3 After HI1	See changes to skip instruction in HP1.
HP5. In the last 12 months, did you and this provider talk about things in your life that worry you or cause you stress? [1] ☐ Yes, definitely [2] ☐ Yes, somewhat [3] ☐ No	After core question 17	Do not use with PCMH.	After PC3 After HI1	Do not use with PCMH17. See changes to skip instruction in HP1.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
HP6. In the last 12 months, did this provider ever ask you whether there was a period of time when you felt sad, empty, or depressed? [1] ☐ Yes [2] ☐ No	After core question 17	Do not use with PCMH.	After PC3 After HI1	Do not use with PCMH16. See changes to skip instruction in HP1.

Interpreters

Supplemental items addressing interpreters are available in the Cultural Competence Item Set.

Patient-Centered Medical Home (PCMH)

An expanded version of the 12-Month Survey that incorporates these PCMH items is available in the ***CAHPS Clinician & Group Surveys and Instructions*:** https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx.

For detailed information about this item set, refer to ***About the Patient-Centered Medical Home Item Set*:** http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~/media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1314_about_pcmh.pdf.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
PCMH1. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away?** ☐ Same day ☐ 1 day ☐ 2 to 3 days ☐ 4 to 7 days ☐ More than 7 days	After core question 6	Included		

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
PCMH2. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? [1] ☐ Yes [2] ☐ No	After core question 8	Included	After HIT1-3	
PCMH3. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays? [1] ☐ Yes [2] ☐ No → **If No, go to [core question] #9** **PCMH4.** In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays? [1] ☐ Never [2] ☐ Sometimes [3] ☐ Usually [4] ☐ Always	After core question 8	Included	After HIT1-3	PCMH3-4 must be used together. Do not use with SD1-4.
PCMH5. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits? [1] ☐ Yes [2] ☐ No	After core question 12	Included	After AH1-2 After HIT4-6	

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
PCMH6. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine? [1] ☐ Yes [2] ☐ No → **If No, go to [core question] #23** **PCMH7.** When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine? [1] ☐ Not at all [2] ☐ A little [3] ☐ Some [4] ☐ A lot **PCMH8.** When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might **not** want to take a medicine? [1] ☐ Not at all [2] ☐ A little [3] ☐ Some [4] ☐ A lot **PCMH9.** When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you? [1] ☐ Yes [2] ☐ No	After core question 22	Included	After HL18 After PC7-8 Before HL19-26 Before COC1-3	PCMH6-9 must be used together.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
PCMH10. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem? [1]☐ Yes [2]☐ No → **If No, go to #PCMH12** **PCMH11.** In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists? [1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always	After core question 23	Included	After HIT7-12 After RC1-2 After HL27-31 After CU9-21 Before CU22-34	PCMH10-11 must be used together.
Please answer these questions about the provider named in Question 1 of this survey. **PCMH12.** In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health? [1]☐ Yes [2]☐ No	After core question 23	Included	After HIT7-12 After RC1-2 After HL27-31 After CU9-21 Before CU22-34	

Measure # 4e: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Centered Medical Home (PCMH) Supplementary Survey Child Version 1.1

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DT2. In the last 12 months, how often was this provider as thorough as you thought your child needed?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

Identification of Site of Visit

Insert ID1 after core question 1.

ID1. Which health center did your child visit to get care in the last 12 months? Please list one or more.

List names of health centers _____

Patient-Centered Medical Home Item Set

Insert PCMH1 after core question 13.

PCMH1. In the last 12 months, how many days did you usually have to wait for an appointment when your child **needed care right away?**

[1] ☐ Same day
[2] ☐ 1 day
[3] ☐ 2 to 3 days
[4] ☐ 4 to 7 days
[5] ☐ More than 7 days

Insert PCMH2 – PCMH4 before core question 16.

PCMH2. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

[1] ☐ Yes
[2] ☐ No

PCMH3. In the last 12 months, did your child need care during evenings, weekends, or holidays?

[1] ☐ Yes
[2] ☐ No → **If No, go to #core question 16**

PCMH4. In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

Insert PCMH5 before core question 20.

PCMH5. Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?

[1] ☐ Yes
[2] ☐ No

Insert PCMH6 – PCMH7 after core question 30 and add the instruction noted below before core question 31.

PCMH6. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did your child see a specialist for a particular health problem?

[1] ☐ Yes
[2] ☐ No → **If No, go to # core question 38**

PCMH7. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

Please answer these questions about the provider named in Question 1 of this survey.

Insert PCMH8 – PCMH11 after core question 41

PCMH8. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your child's health?

[1] ☐ Yes
[2] ☐ No

PCMH9. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

[1] ☐ Yes
[2] ☐ No

PCMH10. In the last 12 months, did your child take any prescription medicine?

[1] ☐ Yes
[2] ☐ No → **If No, go to #core question 42**

PCMH11. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?

[1] ☐ Yes
[2] ☐ No

Prescription Medicines

Insert PM1 after core question 27.

PM1. In the last 12 months, did this provider talk with you about all of the prescription medicines your child was taking?

[1] ☐ Yes
[2] ☐ No

Measure # 41b: Primary Care Provider Ambulatory Care Experiences Survey (PCP ACES)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Dana Gelb Safran, ScD
Senior Vice President for Performance Measurement and Improvement,
Healthcare Services Division, Blue Cross Blue Shield of Massachusetts
Associate Professor of Medicine
Tufts University School of Medicine
BCBSMA, MS 01/08 401 Park Drive
Boston, MA 02215
P: 617-246-2494; F: 617-246-8215
Email: Dana.Safran@bcbsma.com

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EXPERIENCES WITH YOUR PERSONAL DOCTOR SURVEY

1E

YOUR PERSONAL DOCTOR

1. Our records show that your regular personal doctor is:

Is that right?

- ○1 Yes ➔ ***Go to Question 2***
- ○2 No, my personal doctor is:

  _____

  (Please write correct name of your doctor.)
  ➔ ***Go to Question 2***
- ○3 No, I do not have a personal doctor ➔ ***Go to Question 44 on Page 4***

2. How long has this person been your personal doctor?

- ○1 Less than 6 months
- ○2 At least 6 months but less than 1 year
- ○3 At least 1 year but less than 3 years
- ○4 At least 3 years but less than 5 years
- ○5 5 years or more

3. In the last 12 months, how many times did you visit this doctor to get care for yourself?

- ○1 None ➔ ***If None, Go to Question 44 on Page 4***
- ○2 1
- ○3 2
- ○4 3
- ○5 4
- ○6 5 to 9
- ○7 10 or more

SCHEDULING APPOINTMENTS AND SEEING THE DOCTOR

4. In the last 12 months, when you called this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed it?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always
- ○7 I did not need care for an illness or injury in the last 12 months.

5. In the last 12 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed it?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always
- ○7 I did not schedule any check-ups or routine care in the last 12 months.

6. Wait time includes times spent in the waiting room and exam room. In the last 12 months, how often did your visits at this doctor's office start within 15 minutes of your appointment?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

7. In the last 12 months, when you called this doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always
- ○7 I did not call this doctor's office during office hours in the last 12 months.

8. In the last 12 months, when you called this doctor's office after regular office hours, how often did you get the medical help or advice you needed?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always
- ○7 I did not call this doctor's office after regular office hours in the last 12 months.

MANAGING YOUR CARE

9. In the last 12 months, how often did this doctor explain things in a way that was easy to understand?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

10. In the last 12 months, how often did this doctor listen carefully to you?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

11. In the last 12 months, how often did this doctor give you easy-to-understand instructions about what to do to take care of the health problems or concerns that were bothering you?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

12. In the last 12 months, how often did this doctor encourage you to ask questions?

- ○ 1 Never
- ○ 2 Almost never
- ○ 3 Sometimes
- ○ 4 Usually
- ○ 5 Almost always
- ○ 6 Always

13. In the last 12 months, how often did this doctor seem to know the important information about your medical history?

- ○ 1 Never
- ○ 2 Almost never
- ○ 3 Sometimes
- ○ 4 Usually
- ○ 5 Almost always
- ○ 6 Always

14. In the last 12 months, how often did this doctor spend enough time with you?

- ○ 1 Never
- ○ 2 Almost never
- ○ 3 Sometimes
- ○ 4 Usually
- ○ 5 Almost always
- ○ 6 Always

15. In the last 12 months, how often did this doctor show respect for what you had to say?

- ○ 1 Never
- ○ 2 Almost never
- ○ 3 Sometimes
- ○ 4 Usually
- ○ 5 Almost always
- ○ 6 Always

STAYING HEALTHY

16. In the last 12 months, did you and this doctor talk about a healthy diet and healthy eating habits?

- ○ 1 Yes, definitely
- ○ 2 Yes, somewhat
- ○ 3 No, definitely not

17. In the last 12 months, did you and this doctor talk about the exercise or physical activity you get?

- ○ 1 Yes, definitely
- ○ 2 Yes, somewhat
- ○ 3 No, definitely not

COORDINATING YOUR CARE

18. In the last 12 months, how often did this doctor seem informed and up-to-date about the care you got from specialist doctors?

- ○ 1 Never
- ○ 2 Almost never
- ○ 3 Sometimes
- ○ 4 Usually
- ○ 5 Almost always
- ○ 6 Always
- ○ 7 I did not see any specialist doctors in the last 12 months.

19. In the last 12 months, did this doctor order a blood test, x-ray or other test for you?

- ○ 1 Yes
- ○ 2 No ➔ ***If No, go to Question 22***

20. In the last 12 months, when this doctor ordered a blood test, x-ray or other test for you, how often did someone from the doctor's office follow up to give you those results?

- ○ 1 Never
- ○ 2 Almost never
- ○ 3 Sometimes
- ○ 4 Usually
- ○ 5 Almost always
- ○ 6 Always

21. In the last 12 months, how often did you get those results as soon as you needed them?

- ○ 1 Never
- ○ 2 Almost never
- ○ 3 Sometimes
- ○ 4 Usually
- ○ 5 Almost always
- ○ 6 Always

OVERALL RATING OF DOCTOR

22. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate this doctor?

- ○ 0 Worst personal doctor possible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 Best personal doctor possible

23. Would you recommend this doctor to your family and friends?

- ○ 1 Definitely yes
- ○ 2 Probably yes
- ○ 3 Not sure
- ○ 4 Probably not
- ○ 5 Definitely not

CARING FOR A CHRONIC CONDITION

24. In the last 12 months, did you have any health problems or conditions for which you took medicine or got care for 3 months or longer?

- ○ 1 Yes
- ○ 2 No ➔ ***If No, Go to Question 36 on page 3***

25. For which health condition did you take medicine or get care for 3 months or longer in the last 12 months? (check all that apply)

- ☐ 1 Arthritis or joint disease
- ☐ 2 Asthma
- ☐ 3 Back pain
- ☐ 4 Cancer
- ☐ 5 Congestive heart failure (CHF)
- ☐ 6 Coronary artery disease (CAD)
- ☐ 7 Other heart disease
- ☐ 8 Depression
- ☐ 9 Diabetes
- ☐ 10 High cholesterol
- ☐ 11 Hypertension or high blood pressure
- ☐ 12 Pregnancy or prenatal care
- ☐ 13 Other

26. Did you check more than one health condition?

- ○1 No
- ○2 Yes ➔ ***In answering the following questions, please keep in mind the health condition that you feel is most important.***

27. In the last 12 months, was this doctor's office where you usually went when you needed care for this health condition?

- ○1 Yes
- ○2 No

28. Monitoring a condition can include things like testing your blood sugar, weighing yourself, and taking your blood pressure. In the last 12 months, did you and anyone in this doctor's office talk about how you are monitoring this health condition?

- ○1 Yes
- ○2 No

29. In the last 12 months, did anyone in this doctor's office work with you to set specific goals for managing this health condition?

- ○1 Yes, definitely
- ○2 Yes, somewhat
- ○3 No

30. In the last 12 months, did you and anyone in this doctor's office talk about the things that make it hard for you to manage this health condition?

- ○1 Yes
- ○2 No

31. In the last 12 months, did anyone in this doctor's office offer you help for the things that make it hard for you to manage this health condition?

- ○1 Yes
- ○2 No

32. In the last 12 months, did anyone in this doctor's office give you instructions about how to manage this health condition?

- ○1 Yes
- ○2 No

33. In the last 12 months, did you and anyone in this doctor's office talk about what was available in your community to help you manage this health condition?

- ○1 Yes
- ○2 No

34. In the last 12 months, how often did anyone in this doctor's office help you get the community services you needed to manage this health condition?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

35. In the last 12 months, how often did anyone in this doctor's office help you to learn the skills you needed to manage this health condition?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

36. In the last 12 months, how much stress did you have in your life?

- ○1 None at all ➔ ***If None, Go to Question 39***
- ○2 A little
- ○3 Some
- ○4 A lot

37. In the last 12 months, did you talk with anyone in this doctor's office about things in your life that cause you stress?

- ○1 Yes
- ○2 No ➔ ***If No, Go to Question 39***

38. In the last 12 months, did anyone in this doctor's office recommend treatment for your stress such as medications, counseling, a class, or other help?

- ○1 Yes, definitely
- ○2 Yes, somewhat
- ○3 No, definitely not

OFFICE STAFF

39. In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

40. In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

GETTING APPOINTMENTS WITH A SPECIALIST

41. In the last 12 months, did you try to make any appointments to see a specialist doctor?

- ○1 Yes
- ○2 No ➔ ***If No, Go to Question 43***

42. In the last 12 months, when you tried to make an appointment to see a specialist, how often did you get an appointment as soon as you needed it?

- ○1 Never
- ○2 Almost never
- ○3 Sometimes
- ○4 Usually
- ○5 Almost always
- ○6 Always

OVERALL RATING OF CARE

43. Using any number from 0 to 10, where 0 is the worst <u>care</u> possible and 10 is the best <u>care</u> possible, what number would you use to rate all your health care from all doctors and other health providers that you have seen in the last 12 months?

- ○ 0 Worst medical care possible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 Best medical care possible

ABOUT YOU

44. In general, how would you rate your overall health?

- ○$_1$ Excellent
- ○$_2$ Very good
- ○$_3$ Good
- ○$_4$ Fair
- ○$_5$ Poor

45. In general, how would you rate your overall mental or emotional health?

- ○$_1$ Excellent
- ○$_2$ Very good
- ○$_3$ Good
- ○$_4$ Fair
- ○$_5$ Poor

46. In what year were you born?

☐☐☐☐ Year (Write in)

47. Are you male or female?

- ○$_1$ Male
- ○$_2$ Female

48. What is the highest grade or level of school that you have <u>completed</u>?

- ○$_1$ 8th grade or less
- ○$_2$ Some high school, but did not graduate
- ○$_3$ High school graduate or GED
- ○$_4$ Some college or 2-year degree
- ○$_5$ 4-year college graduate
- ○$_6$ More than 4-year college degree

49. Are you of Hispanic or Latino origin or descent?

- ○$_1$ Hispanic or Latino
- ○$_2$ Not Hispanic or Latino

50. Which of the following best describes your race?

- ○$_1$ White or Caucasian
- ○$_2$ Black or African-American
- ○$_3$ Asian
- ○$_4$ Native Hawaiian or other Pacific Islander
- ○$_5$ American Indian or Alaska Native
- ○$_6$ Other

51. What language do you <u>mainly</u> speak at home?

- ○$_1$ English
- ○$_2$ Spanish
- ○$_3$ Some other language (please print)

_____

52. What is your current height (in feet and inches) without shoes on?

☐ feet ☐☐ inches

53. What is your current weight (in pounds) without shoes or clothes on?

☐☐☐ pounds

54. Has a doctor <u>ever</u> told you that you had:

	Yes$_1$	No$_2$
a. Hypertension or high blood pressure	○	○
b. Angina or coronary artery disease	○	○
c. Congestive heart failure	○	○
d. Diabetes	○	○
e. Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	○	○
f. Rheumatoid Arthritis, Osteoarthritis, or DJD	○	○
g. Any cancer (other than skin)	○	○
h. Depression	○	○
i. Acid reflux or stomach ulcers	○	○
j. Migraine headaches	○	○

Thank you.

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:
Center for the Study of Services, PO Box 10820, Herndon, VA 20172-9940

Several items in this survey have been adapted from the following validated survey instruments: CAHPS Clinician/Group Survey (Version, Nov. 2006) Agency for Healthcare Research and Policy; Ambulatory Care Experiences Survey 2002-2003 New England Medical Center Hospitals, Inc./Massachusetts Health Quality Partners; PCAS 1996-1999 New England Medical Center Hospitals, Inc.

2011

Measure # 62: Team Survey for Program of All-Inclusive Care for the Elderly (PACE)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Helena Temkin-Greener, PhD
Associate Professor
Director, PhD & Post Doctoral Programs
Health Services Research & Policy, Department of Community & Preventive Medicine
Co-Director of Research, Center for Ethics, Humanities, and Palliative Care
University of Rochester School of Medicine
601 Elmwood Avenue, Box 644
Rochester, New York 14642
P: (585) 275-8713
Email: Helena_Temkin-Greener@urmc.rochester.edu

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- Permission to reprint a copy of the instrument was not obtained.

Measure # 63: Medication Reconciliation for Ambulatory Care

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Erin Giovannetti
Research Scientist
National Committee for Quality Assurance
1100 13th St. NW Suite 1000
Washington, D.C. 20005
P: (202) 955-1755
Email: giovannetti@ncqa.org

Copyright Details:

- Permission to reprint a copy of the instrument was not obtained. Measure specifications are available for download by the public from the American Medical Association Physician Consortium for Performance Improvement web site: http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI

Measure # 64: Promoting Healthy Development Survey PLUS – (PHDS-PLUS)

Contact Information:

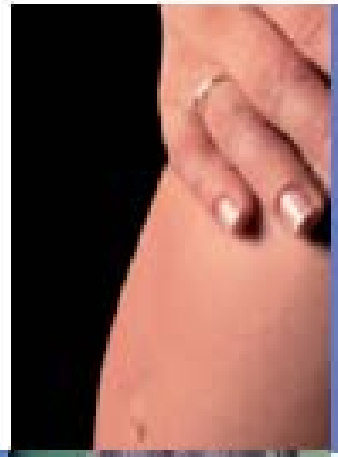
- For questions regarding this measure and for permission to use it, contact:

Eva Hawes, MPH, CHES
Senior Research Assistant
CAHMI-Child and Adolescent Health Measurement Initiative
P: (503) 494-9963 F: (503) 494-2475

Copyright Details:

Promoting Healthy Development Survey - PLUS (PHDS-PLUS)

The PHDS-PLUS is a 128-item telephone/interviewer-administered survey largely derived from the mail/self-administered Promoting Healthy Development Survey (PHDS) (78% of PHDS-PLUS is in the PHDS). It takes 12–15 minutes to administer. This document provides a high-level summary of the questions asked in the survey.



The PHDS-PLUS survey was developed under the rubric of the Child and Adolescent Health Measurement Initiative.

CAHMI

The Child and Adolescent Health Measurement Initiative

Promoting Healthy Development Survey-PLUS (PHDS-PLUS)

Core Text of Survey

Section 1. Child Information

This section provides descriptive information about the child.

1. The questions in this survey ask about the health care that (child) has received in the past year or since he/she was born. May I speak with the person in the household who is most often responsible for taking (child) to the doctor to get health care? ❶

2. From the information that I have it looks like (child) is [#] months old. Is this correct?❶

3. How are you related to (child)?❿

4. Is it correct that (child) is [Gender listed in enrollment file]?❶

5. Is it also correct that (child) is currently enrolled in Medicaid or (state specific name for Medicaid or SCHIP)? ❶

6. So I'll know how to refer to (child) during the interview, is it alright with you that I continue to use (child's first name)? ❶

Response Code Legend

❶ Yes, No
❷ Open-ended response.
❸ A lot concerned, A little concerned, Not at all concerned
❹ Never, Sometimes, Usually, Always
❺ Not at all helpful, Somewhat helpful, Helpful, Very helpful
❻ Excellent, Very Good, Good, Fair, Poor
❼ Man, Woman
❽ White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
❾ A lot of trouble, Some trouble, No trouble at all
❿ Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 2: Health Care Utilization

This section provides information about the nature and frequency of the child's health care use.

1. In the last 12 months (not counting times [child] went to an emergency room) how many times did (he/she) go to a doctor's office or clinic? ❷

2. In the last 12 months, how many times did (child) go to an emergency room? ❷

3. In the last 12 months, how many times was (child) a patient in a hospital overnight or longer? ❷

4. In the last 12 months, has (child) needed care right away for an illness or injury? ❶

   a. When (child) needed care right away for an illness or injury, how often did (child) get this care as soon as you wanted?❹

Section 3: Access Issues

This section provides information about access issues such as whether the child ever needed health care but not receive it or received health care later than the parent would have liked.

1. In the last 12 months (For children younger than 12 months, since child's birth) was there any time that (child) needed health care but did not get it? ❶

   a. Why did (child) need health care?
      Was it for a…….❶
         Regular or routine visit ?
         A medical problem or concern ?
         A behavioral problem or concern ?
         A speech and/or language problem or concern ?
         For another reason ?
   b. Why didn't (child) receive care for [insert type of care indicated in 1a]?
      Was it because.... ❶
         You could not afford it or had no health insurance?
         You had no doctor to go to for (child)?
         (Child's) doctor did not consider it a problem?
         (Child's) doctor had no one to refer (child) to?
         You had transportation/childcare problems ?
         Problems related to work ?
         Insurance did not cover the visit ?
         Doctor's schedule was full/no free appointments ?
   c. Did the lack of health care for (child's) medical problem ...❶
         Create concerns about (child's) future development?
         Create problems for (child) attending day care?
         Create problems for you and/or your spouse/partner meeting work responsibilities?

2. In the last 12 months (For children younger than 12 months, since child's birth) was there any time that (child) received care, but got the care later than you would have liked?❶

   a. Why did (child) need health care?
      Was it for a…….❶
         Regular or routine visit ?
         A medical problem or concern ?
         A behavioral problem or concern ?
         A speech and/or language problem or concern ?
         For another reason ?
   b. Why was (child's) care for [Insert response to 2a] delayed?
      Was it because....❶
         You could not afford it or had no health insurance?
         You had no doctor to go to for (child)?
         (Child's) doctor did not consider it a problem?
         (Child's) doctor had no one to refer (child) to?
         You had transportation/childcare problems ?
         Problems related to work ?
         Insurance did not cover the visit ?
         Doctor's schedule was full/no free appointments ?
   c. Did the delay in health care for (child's) medical problem ...❶
         Create concerns about (child's) future development?
         Create problems for (child) attending day care?
         Create problems for you and/or your spouse/partner meeting work responsibilities?

Section 4: Care Coordination

This section provides information about the level of care coordination for children who get care from more than one kind of provider or use more than one kind of health care service.

1 In the last 12 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service? ❶

a. In the last 12 months, did anyone from your child's doctor's office or clinic help coordinate your child's care among these different providers or services? ❶

Section 5: Other Health Services

This section provides information about the child's enrollment in WIC and parenting classes the respondent may have taken.

1. Has (child) ever received WIC?❶

a. (Question only for children older than 12 months) In the last 12 months, has (child) received WIC? ❶

2. In the last 12 months did (child's) doctors or other health providers refer you to any programs or classes?❶

a. What kinds of program (s) /classe (s) was that? ❷

3. Did you attend a parenting class after the birth of (child)?❶

a. Was this parenting class paid for or covered by (child's) health insurance plan or Medicaid? ❶

4. Do you have other children besides (child)?❶

a. Did you attend a parenting class after the birth of your other (CHILD/CHILDREN)? ❶

Response Code Legend

❶ Yes, No
❷ Open-ended response.
❸ A lot concerned, A little concerned, Not at all concerned
❹ Never, Sometimes, Usually, Always
❺ Not at all helpful, Somewhat helpful, Helpful, Very helpful
❻ Excellent, Very Good, Good, Fair, Poor
❼ Man, Woman
❽ White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
❾ A lot of trouble, Some trouble, No trouble at all
❿ Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 6: Anticipatory Guidance and Education

This section provides information about whether key anticipatory guidance and parental education recommended in the Maternal and Child Health Bureau Bright Futures Guidelines and the American Academy of Pediatrics Guidelines for Health Supervision is provided by the doctor or other health provider.

For Parents Responding About Children 3-9 months old.

Section Note:
In the anticipatory guidance and education section, parents answer a core question about whether a topic was discussed in the last 12 months. Parents who answer the core question "No" are asked a follow-up question that asks whether the parent wished he/she had talked about this topic with the doctor or other health provider. Parents who answer this follow-up question "No" are then asked a second follow-up question, which asks the parent to explain why he/she did not wish to discuss the topic.

1. In the last 12 months, did (child's) doctors or other health providers talk with you about things you can do to help (child) grow and learn? ❶
2. In the last 12 months, did (child's) doctors or other health providers talk with you about the kinds of behaviors you can expect to see as (child) gets older? ❶
3. In the last 12 months, did (child's) doctors or other health provider talk with you about breastfeeding? ❶
4. In the last 12 months, did (child's) doctors or other health providers talk with you about issues related to food and feeding of (child) such as the introduction of solid foods? ❶
5. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of placing (child) on (his or her) back when going to sleep? ❶
6. In the last 12 months, did (child's) doctors or other health providers talk with you about night waking and fussing? ❶
7. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) communicates (his or her) needs? ❶
8. In the last 12 months, did (child's) doctors or other health providers talk with you about what (child) is able to understand? ❶
9. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) responds to you, other adults, and caregivers? ❶
10. In the last 12 months, did (child's) doctors or other health providers talk with you about how to avoid burns to (child), such as changing the hot water temperature in your home? ❶
11. In the last 12 months, did (child's) doctors or other health providers talk with you about using a car-seat? ❶
12. In the last 12 months, did (child's) doctors or other health providers talk with you about how to make your house safe? ❶
13. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of showing a picture book to or reading with (child)? ❶
14. In the last 12 months, did (child's) doctors or other health providers talk with you about the issues related to childcare? ❶
15. In the last 12 months, did (child's) doctors or other health providers talk with you about WIC? ❶

For parents responding about children 10-18 months.

Section Note:
In the anticipatory guidance and education section, parents answer a core question about whether a topic was discussed in the last 12 months. Parents who answer the core question "No" are asked a follow-up question that asks whether the parent wished he/she had talked about this topic with the doctor or other health provider. Parents who answer this follow-up question "No" are then asked a second follow-up question, which asks the parent to explain why he/she did not wish to discuss the topic.

1. In the last 12 months, did (child's) doctors or other health providers talk with you about things you can do to help (child) grow and learn? ❶

2. In the last 12 months, did (child's) doctors or other health providers talk with you about the kinds of behaviors you can expect to see in (child) as he/she gets older? ❶

3. In the last 12 months, did (child's) doctors or other health providers talk with you about vitamins and foods (child) should eat? ❶

4. In the last 12 months, did (child's) doctors or other health providers talk with you about (child) bed and naptime routines? ❶

5. In the last 12 months, did (child's) doctors or other health providers talk with you about words and phrases (child) uses and understands? ❶

6. In the last 12 months, did (child's) doctors or other health providers talk with you about night waking and fussing? ❶

7. In the last 12 months, did (child's) doctors or other health providers talk with you about (child's) sleeping with a bottle? ❶

8. In the last 12 months, did (child's) doctors or other health providers talk with you about weaning (child) from a bottle? ❶

9. In the last 12 months, did (child's) doctors or other health providers talk with you about weaning (child) from breastfeeding? ❶

10. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) may start to explore away from you? ❶

11. In the last 12 months, did (child's) doctors or other health providers talk with you about guidance and discipline techniques to use with (child)? ❶

12. In the last 12 months, did (child's) doctors or other health providers talk with you about toilet training? ❶

13. In the last 12 months, did (child's) doctors or other health providers talk with you about what you should do if (child) swallows certain kinds of poison? ❶

14. In the last 12 months, did (child's) doctors or other health providers talk with you about using a car-seat? ❶

15. In the last 12 months, did (child's) doctors or other health providers talk with you about how to make your house safe? ❶

16. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of reading with (child)? ❶

17. In the last 12 months, did (child's) doctors or other health providers talk with you about issues related to childcare? ❶

18. In the last 12 months, did (child's) doctors or other health providers talk with you about WIC? ❶

For parents responding about children 19-48 months.

Section Note:
In the anticipatory guidance and education section, parents answer a core question about whether a topic was discussed in the last 12 months. Parents who answer the core question "No" are asked a follow-up question that asks whether the parent wished he/she had talked about this topic with the doctor or other health provider. Parents who answer this follow-up question "No" are then asked a second follow-up question, which asks the parent to explain why he/she did not wish to discuss the topic.

1. In the last 12 months, did (child's) doctors or other health providers talk with you about things you can do to help (child) grow and learn? ❶

2. In the last 12 months, did (child's) doctors or other health providers talk with you about the kinds of behaviors you can expect to see as (child) gets older? ❶

3. In the last 12 months , did (child's) doctors or other health providers talk with you about issues related to food and feeding (child)? ❶

4. In the last 12 months, did (child's) doctors or other health providers talk with you about (child's) bedtime routines and how many hours of sleep (child) needs? ❶

5. In the last 12 months, did (child's) doctors or other health providers talk with you about toilet training? ❶

6. In the last 12 months, did (child's) doctors or other health providers talk with you about the words and phrases (child) uses and understands? ❶

7. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) is learning to get along with other children? ❶

8. In the last 12 months, did (child's) doctors or other health providers talk with you about guidance and discipline techniques to use with (child)? ❶

9. In the last 12 months, did (child's) doctors or other health providers talk with you about ways to teach (child) about dangerous situations, places, and objects [examples include electrical sockets, the stove, climbing on things, running into the street?] ❶

10. In the last 12 months, did (child's) doctors or other health providers talk with you about using a car-seat? ❶

11. In the last 12 months, did (child's) doctors or other health providers talk with you about how to make your house safe? ❶

12. In the last 12 months, did (child's) doctors or other health providers talk with you about what you should do if (child) swallows certain kinds of poisons? ❶

13. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of reading with (child)? ❶

14. In the last 12 months, did (child's) doctors or other health providers talk with you about the issues related to childcare? ❶

15. In the last 12 months, did (child's) doctors or other health providers talk with you about WIC? ❶

Response Code Legend

❶ Yes, No
❷ Open-ended response.
❸ A lot concerned, A little concerned, Not at all concerned
❹ Never, Sometimes, Usually, Always
❺ Not at all helpful, Somewhat helpful, Helpful, Very helpful
❻ Excellent, Very Good, Good, Fair, Poor
❼ Man, Woman
❽ White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
❾ A lot of trouble, Some trouble, No trouble at all
❿ Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 7: Developmental Assessment

This section provides information about whether a developmental assessment may have occurred, whether parents have concerns about their child's learning, development, and/or behavior, and whether doctors or other health care providers ask about and/or address parents concerns.

1. Did (child's) doctors or other health providers ever tell you that they were doing what doctors call a "developmental assessment" or test of (child's) development? ❶

2. Did (child's) doctors or other health providers ever have (child) roll-over, pick up small objects, stack blocks, throw a ball, or recognize different colors? ❶

3. In the last 12 months, did (child's) doctors or other health providers have you fill out a survey or checklist about concerns you may have had about (child's) learning, development, or behavior? ❶

4. In the last 12 months, did (child's) doctor or other health care providers have you fill out a survey or checklist about avtivities that (child) may be able to do such as certain physical tasks, whether (child) can draw certain objects, or ways (child) can communicate with you? ❶

5. The next section asks about specific concerns some parents (if grandparent: grandparents) may have. Please tell me if you are currently a lot, a little, or not at all concerned about the following:

   How your child talks and makes speech sounds? ❸
   How your child sees? ❸
   How your child hears? ❸
   How your child understands what you say? ❸
   How your child uses his or her hands and fingers to do things? ❸
   How your child uses his or her arms and legs? ❸
   How your child behaves? ❸
   How your child gets along with others? ❸
   How your child is learning to do things for himself/herself? ❸
   How your child is learning preschool or school skills? ❸
   How your child is behind others or can't do what other kids can? ❸

6. In the last 12 months, did (child's) doctors or other health providers ask if you have concerns about (child's) learning, development, or behavior? ❶

7. In the last 12 months, did you have any concerns about (child's) learning, development, or behavior? ❸

   a. In the last 12 months, did (child's) doctors or other health providers give you specific information to address these concerns? ❶

Section 8: Follow-Up for Children at Risk for Developmental/Behavioral Delays

This section provides information about follow-up services the child may have received.

1. In the last 12 months did (child's) doctors or other health providers do any of the following...
   Refer (child) to another doctor or other health provider? ❶
   Test (child's) learning and behavior? ❶
   Note a concern about (child) that should be watched carefully? ❶
   Refer (child) for speech-language or hearing testing? ❶

Section 9: Family Centered Care

This section provides information about communication and the respondent's experience of care.

1. In the last 12 months, how often did (child's) doctors or other health providers take time to understand the specific needs of (child). Would you say never, sometimes, usually, or always? ❹

2. In the last 12 months, how often did (child's) doctors or other health providers respect you as an expert about (child)? ❹

3. In the last 12 months, how often did (child's) doctors or other health providers build your confidence as a parent (if grandparent: grandparent)? ❹

4. In the last 12 months, how often did (child's) doctors or other health providers help you feel like a partner in your child's care? ❹

5. In the last 12 months, how often did (child's) doctors or other health providers explain things in a way you can understand? ❹

6. In the last 12 months, how often did (child's) doctors or other health providers show respect for your family's values, customs, and how you prefer to raise your child? ❹

Section 10: Health Provider Assessment of Risks in the Family

This next section provides information about whether the doctor or other health provider screens families for risk factors to the child's health.

1. In the last 12 months, did (child's) doctors or other health providers ask you if you or someone in your household smokes? ❶

2. In the last 12 months, did (child's) doctors or other health providers ask you if you or someone in your household drinks alcohol or uses other substances? ❶

3. In the last 12 months, did (child's) doctors or other health providers ask you if you ever feel depressed, sad, or have crying spells? ❶

4. In the last 12 months, did (child's) doctors or other health providers ask you if you have someone to turn to for emotional support? ❶

5. In the last 12 months, did (child's) doctors or other health providers ask you if you have any firearms in your home? ❶

Response Code Legend

❶ Yes, No
❷ Open-ended response.
❸ A lot concerned, A little concerned, Not at all concerned
❹ Never, Sometimes, Usually, Always
❺ Not at all helpful, Somewhat helpful, Helpful, Very helpful
❻ Excellent, Very Good, Good, Fair, Poor
❼ Man, Woman
❽ White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
❾ A lot of trouble, Some trouble, No trouble at all
❿ Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 11: Health Information

This section captures information about whether the respondent has read or seen specific kinds of health information.

In the last 12 months did you see or hear any information about the following:

1. Safety information, such as how to make your house and car safe for (child). ❶

2. Health care information, such as when and how often (child) should see the doctor or reminders about immunizations. ❶

3. Developmental information, such as things you can do with (child) to help (him/her) grow and learn. ❶

Section 12: Helpfulness of Care Provided

This section provides information about how helpful the care provided is in specific aspects of parenting.

In thinking about all of the care provided from (child's) doctors or other health providers in the last 12 months, how helpful has it been in the following areas:

1. Understanding (child's) behavior? ❺
2. Learning how to protect (child) from injuries? ❺
3. Giving you the information you needed when you needed it? ❺
4. Learning how to meet your own needs while caring for (child)? ❺

Section 13: Child's Health: Overall Health Status

1. Overall, how would you rate (child's) health in the last 12 months? ❻

Response Code Legend

❶ Yes, No
❷ Open-ended response.
❸ A lot concerned, A little concerned, Not at all concerned
❹ Never, Sometimes, Usually, Always
❺ Not at all helpful, Somewhat helpful, Helpful, Very helpful
❻ Excellent, Very Good, Good, Fair, Poor
❼ Man, Woman
❽ White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
❾ A lot of trouble, Some trouble, No trouble at all
❿ Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 14: Children with Special Health Care Needs

This section identifies children who have a special health care need.

1. Does (child) currently need or use medicine, other than vitamins, prescribed by a doctor? ❶

   a. Is this because of ANY medical, behavioral, or other health condition? ❶
   b. Is this a condition that has lasted or is expected to last for at least 12 months? ❶

2. Does (child) need or use more medical care, mental health, or educational services than is usual for most children of the same age? ❶

   a. Is this because of ANY medical, behavioral, or other health condition? ❶
   b. Is this a condition that has lasted or is expected to last for at least 12 months? ❶

3. Is (child) limited or prevented in any way in his or her ability to do the things most children of the same age can do? ❶

   a. Is this because of ANY medical, behavioral, or other health condition? ❶
   b. Is this a condition that has lasted or is expected to last for at least 12 months? ❶

4. Does (child) need or get special therapy, such as physical, occupational, or speech therapy? ❶

   a. Is this because of ANY medical, behavioral, or other health condition?
   b. Is this a condition that has lasted or is expected to last for at least 12 months? ❶

5. Does (child) have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling? ❶

   a. Has this problem lasted or is it expected to last for at least 12 months? ❶

Section 15: Child Health Characteristics

This section provides information about the child's health characteristics.

1. Was (child) born prematurely, that is, more than 4 weeks early? ❶

2. What was the birth weight of (child)? ❷

3. Was (child) breastfed for any length of time? ❶

   a. For how many months was (child) breastfed? ❷

Section 16: Personal Doctor or other Health Provider

This section provides information about whether the child has a personal doctor or health provider.

1. A personal doctor or nurse is the health provider who knows your child best.This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as (child's) personal doctor or nurse?❶

   a. What kind of health provider is this person?❷
   b. And is this person a man or woman? ❼

Section 17: Respondent Health

The next section provides information about the respondent's health.

1. Overall, in the last 12 months, how would you rate your health? Would you say....❻

2. For how many days, during the past 30 days, would you say your physical health was not good?❷

3. For how many days, during the past 30 days, would you say your mental health was not good?❷

4. How many days in the last week have you felt depressed?❷

5. In the past year, have you had two weeks or more during which you felt sad, blue, depressed, or lost pleasure in things that you usually cared about or enjoyed? ❶

6. Have you had two or more years in your life when you felt depressed or sad most days, even if you felt okay sometimes? ❶

Response Code Legend

❶ Yes, No
❷ Open-ended response.
❸ A lot concerned, A little concerned, Not at all concerned
❹ Never, Sometimes, Usually, Always
❺ Not at all helpful, Somewhat helpful, Helpful, Very helpful
❻ Excellent, Very Good, Good, Fair, Poor
❼ Man, Woman
❽ White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
❾ A lot of trouble, Some trouble, No trouble at all
❿ Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 18: Parenting Behaviors

This section provides information about family activities.

1. For each of the following, tell me if you have ever done this in your home.

   Put locks on cabinets where things such as cleaning agents or medicines are kept.❶
   Put padding around hard surfaces or sharp edges.❶
   Put stoppers or plugs in electrical outlets.❶
   Turned down the hot water thermostat setting.❶
   Kept the Poison Control Center phone number on or near your phone.❶
   Kept Syrup of Ipecac in your home.❶

2. How many days in a typical week do you or other family members read stories to (child)?❷

3. How many days in a typical week do you or other family members play music or sing songs with (child)?❷

4. How many days in a typical week does (child) have a set or regular routine?❷

Section 19: Socio-Demographic Items

This section provides descriptive information about respondent and family of the child.

1. Including (child) how many children and or young adults under the age of 18 live in your household?❷

2. Is (child) your first child?❶

3. Is (child) of Hispanic or Latino origin or descent?❶

4. Now I am going to read a list of categories. Please choose one or more of the following categories to describe (child's) race. Is (child) White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race?❽

   a. Which of these groups would you say best represents (child's) race?❽

5. The next questions ask how much trouble you have had paying for particular kinds of expenses. For each of the items in the list, please tell me if you had a lot of trouble, some trouble, or no trouble at all paying for that item.
   Prenatal care during pregnancy?❾
   How about the medical expenses for (child's) birth?❾
   How about (child's) health and medical expenses?❾
   How about supplies like formula, food, diapers, clothes, and shoes?❾
   How about healthcare for yourself?❾

6. What is your age now?❷

7. How long have you lived in the United States?❷

8. Which language do you speak most comfortably?❷

9. What is the highest grade or level of school that you have completed?❷

10. Are you/is (child's) mother now married, divorced, separated, or have you/has she never been married?❷

Measure # 65: Canadian Survey of Experiences with Primary Health Care Questionnaire

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

  Statistics Canada
  Client Services
  Special Surveys Division
  150 Tunney's Pasture Driveway
  Ottawa, Ontario K1A OT6
  P: 613-951-3321 or toll-free 1-800-461-9050 F: 613-951-4527
  ssd@statcan.ca

Copyright Details:

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Section: **Health status (HS)**

HS_BEG Beginning of section

HS_R01 **First, I'd like to ask you a few questions about your health.**

HS_Q01 **In general, would you say your health is...?**

INTERVIEWER: Read categories to respondent.

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
DK, RF

Coverage: *All respondents*

HS_Q02 **Compared to one year ago, how would you say your health is now? Is it...?**

INTERVIEWER: Read categories to respondent.

1 Much better now than 1 year ago
2 Somewhat better now (than 1 year ago)
3 About the same
4 Somewhat worse now (than 1 year ago)
5 Much worse now (than 1 year ago)
DK, RF

Coverage: *All respondents*

HS_END End of section

Section: **Primary health care type (PT)**

PT_BEG Beginning of section

PT_R01 **Now I'd like to ask about your primary health care. It is often the main source of preventive as well as ongoing or essential care people receive.**

PT_Q01 **Is there a place that you usually go to if you are sick or need advice about your health?**

1 Yes.....(Go to PT_Q02)
2 No
DK, RF

Default: (Go to PT_Q03)

Coverage: *All respondents*

PT_Q02 **What kind of place is it?**

INTERVIEWER: Read categories to respondent.

01 A doctor's office, clinic or practice
02 A walk-in clinic
03 An urgent care centre
04 An emergency department or emergency room
05 A CLSC
06 A community health centre
07 Other
DK, RF

Coverage: *Respondents who have a usual place that they go to if they are sick or need advice about their health*

PT_Q03 **Do you have a regular medical doctor?**

1 Yes.....(Go to PT_Q05)
2 No
DK, RF

Default: (Go to PT_Q04)

Coverage: *All respondents*

PT_Q04 **Why do you not have a regular medical doctor?**

INTERVIEWER: Mark all that apply.

1 No medical doctors available in the area
2 Medical doctors in the area are not taking new patients
3 Have not tried to contact one
4 Had a medical doctor who left or retired
5 In good health, do not need a doctor
DK, RF

Default: (Go to PT_END)

Coverage: *Respondents who do not have a regular medical doctor*

PT_Q05 **Is that regular medical doctor a family physician, general practitioner or a specialist physician such as a cardiologist or an oncologist?**

1 Family physician
2 General practitioner
3 Specialist
4 Other
DK, RF

Coverage: *Respondents who have a regular medical doctor*

PT_END End of section

Section: **Health care use (HU)**

HU_BEG Beginning of section

HU_C01 If PT_Q01 = 1 (Yes) or PT_Q03 = 1 (Yes).....(Go to HU_R01)
Otherwise.....(Go to HU_END)

HU_R01 **You told us that you have a regular doctor or place where you go for health care.**

**During the interview, [primary care provider] was replaced with the appropriate fill according to the answers to PT_Q05 and PT_Q02.
If PT_Q05 = 1, then family physician; if PT_Q05 = 2, then general practitioner; else, if PT_Q05 = 3, then specialist.**

If PT_Q02 = 1, then doctor's office; if PT_Q02 = 2, then walk-in clinic; if PT_Q02 = 3, then urgent care centre; if PT_Q02 = 4, then emergency department; if PT_Q02 = 5, then CLSC; if PT_Q02 = 6, then community health centre; otherwise = primary care provider.

HU_Q01 **Is there a nurse working with your [primary care provider] who is regularly involved in your health care?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_Q02 **Other than your [primary care provider], other doctors and a nurse, are there other health professionals like dieticians and nutritionists working in the same office where you get your regular health care?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_Q03 **How long have you been seeing or going to this [primary care provider]?**

INTERVIEWER: Read categories to respondent.

1 Less than one year
2 1 to 2 years
3 3 to 4 years
4 5 to 7 years
5 More than 7 years
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_Q04 **When you go to your [primary care provider], how often are you taken care of by the same family physician or nurse each time?**

INTERVIEWER: Read categories to respondent.

01 Always
02 Often
03 Sometimes
04 Rarely
05 Never
06 Not applicable
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_Q05 **How often does your [primary care provider] help you coordinate the care you receive from other doctors and places when you need it?**

INTERVIEWER: Read categories to respondent.

01 Always
02 Often
03 Sometimes
04 Rarely
05 Never
06 Not applicable (never needed to have care coordinated)
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_Q06 **Not including hospital emergency departments, does your [primary care provider] have after hour access where patients can be seen by or talk to a doctor or nurse when the practice is closed?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_R07 **Please tell me the extent to which you agree or disagree with the following statements:**

HU_Q07 **Your [primary care provider] delivers a range of services that meets most or all of your primary health care needs. Do you...?**

INTERVIEWER: Read categories to respondent.

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_Q08 **I would recommend my [primary care provider] to a friend or relative? Do you...?**

INTERVIEWER: Read categories to respondent.

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
5 Not applicable (doctor is retiring or not taking new patients)
DK, RF

Coverage: *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

HU_END End of section

Section: **Health care utilization (HZ)**

HZ_BEG Beginning of section

HZ_R01 **Now, I'd like to ask you about various health professionals you have seen or talked to in the past 12 months, that is from (current date minus one year) to yesterday.**

HZ_Q01A **In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?**

1 Yes..... (Go to HZ_Q01B)
2 No
DK, RF

Default: (Go to HZ_Q03)

Coverage: *All respondents*

HZ_Q01B **For how many nights in the past 12 months?**

____(3 spaces) [Min: 1 Max: 365]
DK, RF

Coverage: *Respondents who in the past 12 months have been an overnight patient in a hospital, nursing home or convalescent home*

HZ_Q02 **After you left the hospital, did your [primary care provider] seem informed and up-to-date about the plan for follow-up care?**

1 Yes
2 No
3 Not applicable - did not see regular doctor after the hospitalization/did not have a plan/started seeing this doctor after I got out of the hospital
DK, RF

Coverage: *Respondents who in the past 12 months have been an overnight patient in a hospital, nursing home or convalescent home*

HZ_Q03 **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a family physician (or general practitioner)?**

INTERVIEWER: Include face to face and telephone contacts.

____(3 spaces) [Min: 0 Max: 995]
DK, RF

Coverage: *All respondents*

HZ_Q04 **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a nurse?**

____(3 spaces) [Min: 0 Max: 995]
DK, RF

Coverage: *All respondents*

HZ_Q05 **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a physiotherapist, social worker or counsellor?**

____(3 spaces) [Min: 0 Max: 995]
DK, RF

Coverage: *All respondents*

HZ_Q06 **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a pharmacist or dietician?**

INTERVIEWER: Include filling in a prescription.

____(3 spaces) [Min: 0 Max: 995]
DK, RF

Coverage: *All respondents*

HZ_Q07 **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with any other medical doctor or specialist, for example, a surgeon, a cardiologist, or a psychiatrist?**

____(3 spaces) [Min: 0 Max: 995]
DK, RF

Coverage: *All respondents*

HZ_C08 If HZ_Q07 >=1..... (Go to HZ_Q08A)
Otherwise.....(Go to HZ_Q09)

HZ_Q08A **Thinking of the most recent time you saw or talked to a specialist about your mental, emotional or physical health, did you have a follow-up appointment with your [primary care provider] to talk about those health issues?**

1 Yes..... (Go to HZ_Q08B)
2 No
DK, RF

Default: (Go to HZ_Q09)

Coverage: *Respondents who have seen at least one other doctor or specialist in the past 12 months*

HZ_Q08B **Thinking of that follow-up appointment, did your [primary care provider] have information or test results from the specialist?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who in the past 12 months have seen at least one other doctor or specialist and who have had a follow-up appointment with their primary care provider*

HZ_Q09 **(Not counting when you were an overnight patient, in/In) the past 12 months, how often did you talk with a health professional about specific things you could do to improve your health or prevent illness such as smoking cessation, limiting alcohol consumption, and exercise, etc.?**

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *All respondents*

HZ_Q10 **(Not counting when you were an overnight patient, in/In) the past 12 months, how often did you get the help you wanted to reach or maintain a healthy body weight?**

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *All respondents*

HZ_END End of section

Section: **Experiences with primary health care providers (EP)**

EP_BEG Beginning of section

EP_C01 If HZ_Q03 = 0, DK or RF.....(Go to EP_END)
Otherwise.....(Go to EP_R01)

EP_R01 **The next questions are about your experiences when receiving health care from the family physician (or general practioner) who is most responsible for your regular care.**

INTERVIEWER: (if necessary ask): For all of these questions, if you've seen more than one family physician (or general practitioner), please think about the one who is most responsible for your care.

EP_Q01 **In the past 12 months, how often did your family physician (or general practitioner) explain your test results in a way that you could understand? (such as blood tests, x-rays, or cancer screening tests)**

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q02 **In the past 12 months, how often did your family physician (or general practitioner) take your health concerns very seriously?**

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q03 **In the past 12 months, how often did your family physician (or general practitioner) involve you in clinical decisions about your health care? For example, decisions related to [tests].**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Note: During the interview, the term [tests] was replaced with gender-specific examples. Tests for males include screening tests for prostate cancer, cardiovascular risk assessment, or family planning, etc. Tests for females include pap smears, screening tests for breast cancer, family planning, etc.

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q04 **In the past 12 months, how often have test results or medical records not been available to your family physician (or general practioner) at the time of your scheduled appointment?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q05 **In the past 12 months, how often have medical tests or procedures been repeated unnecessarily because the test had already been done?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q06 **In the past 12 months, how often have you received conflicting information from different physicians or health care professionals?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q07 **Overall, how often does your family physician (or general practitioner) allow you enough time to discuss your feelings, fears and concerns about your health?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never (in the past 12 months)
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q08 **Overall, how do you rate the quality of health care that you have received in the past 12 months from the family physician (or general practitioner) you rely on most for your care?**

INTERVIEWER: Read categories to respondent.

01 Excellent
02 Very good
03 Good
04 Fair
05 Poor
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_Q09 **Overall, how do you rate the quality of health care that you have received in the past 12 months?**

INTERVIEWER: Read categories to respondent.

01 Excellent
02 Very good
03 Good
04 Fair
05 Poor
06 Not applicable
DK, RF

Coverage: *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

EP_END End of section

Section: **Access to health care (AC)**

AC_BEG Beginning of section

AC_R01 **The next questions are about any problems you may have had accessing care that you may have needed in the past 12 months.**

AC_Q01 **In the past 12 months, did you require health information or advice?**

1 Yes
2 No ..... (Go to AC_Q04A)
DK, RF ..... (Go to AC_Q04A)

Coverage: *All respondents*

AC_Q02A **In the past 12 months, did you ever experience any difficulties getting the health information or advice you needed?**

1 Yes
2 No .....(Go to AC_Q03)
DK, RF .....(Go to AC_Q03)

Coverage: *Respondents who required health information or advice in the past 12 months*

AC_Q02B **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

01 Difficulty contacting a physician or nurse
02 Did not have a phone number
03 Could not get through (i.e., no answer)
04 Waited too long to speak to someone
05 Did not get adequate info or advice
06 Did not know where to go/call/uninformed
07 Unable to leave the house because of a health problem
08 Other - Specify.....(Go to AC_S02B)
DK, RF

Default: (Go to AC_Q03)

Coverage: *Respondents who in the past 12 months experienced difficulties getting the health information or advice they needed*

AC_S02B What type of difficulties did you experience?

INTERVIEWER: Specify.

____(80 spaces)

AC_Q03 **Thinking about the last time you required health information or advice, where did you get that information or advice?**

01	Primary care provider (usual family physician or usual place of care)
02	Walk-in clinic
03	CLSC/Community health centre
04	Emergency department
05	Telephone help line
06	Specialist's clinic
07	Internet
08	Another source
	DK, RF

Coverage: *Respondents who required health information or advice in the past 12 months*

AC_Q04A **In the past 12 months, have you called a telephone help line for medical or health information or advice?**

1	Yes
2	No .....(Go to AC_R05)
	DK, RF .....(Go to AC_R05)

Coverage: *All respondents*

AC_Q04B **Was the information or advice given on the help line...?**

INTERVIEWER: Read categories to respondent.

1	Very helpful
2	Somewhat helpful
3	Not at all helpful
	DK, RF

Coverage: *Respondents who in the past 12 months have called a telephone help line for medical or health information or advice*

AC_R05 **The next questions are about situations when you needed routine or ongoing care for things such as check-ups and blood tests.**

AC_Q05 **In the past 12 months, did you require any routine or ongoing care?**

1	Yes
2	No .....(Go to AC_R12)
	DK, RF .....(Go to AC_R12)

Coverage: *All respondents*

AC_Q06 **In the past 12 months, did you ever experience any difficulties getting the routine or ongoing care you needed?**

1	Yes
2	No .....(Go to AC_Q08)
	DK, RF .....(Go to AC_Q08)

Coverage: *Respondents who required routine or ongoing care in the past 12 months*

AC_Q07 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

01 Difficulty contacting a physician
02 Difficulty getting an appointment
03 Do not have personal/family physician
04 Waited too long to get an appointment
05 Waited too long to see the physician (i.e., in-office waiting)
06 Service not available at time required
07 Service not available in the area
08 Transportation problems
09 Cost
10 Language problems
11 Did not know where to go (i.e., information problems)
12 Unable to leave the house because of a health problem
13 Other - Specify..... (Go to AC_S07)
DK, RF

Default: (Go to AC_Q08)

Coverage: *Respondents who in the past 12 months experienced difficulties getting the routine or ongoing care they needed*

AC_S07 What type of difficulties did you experience?

INTERVIEWER: Specify.

____(80 spaces)

AC_Q08 **In the past 12 months, how often did you experience any language barriers when trying to get routine or ongoing care you needed?**

INTERVIEWER: Read categories to respondent.

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never
06 Not applicable
DK, RF

Coverage: *Respondents who required routine or ongoing care in the past 12 months*

AC_Q09 **Thinking about the last time you required routine or ongoing care, where did you get that care?**

01	Primary care provider (usual family physician or usual place of care)
02	Walk-in clinic
03	CLSC/Community health centre
04	Emergency department
05	Telephone help line
06	Specialist's clinic
07	Internet
08	Another source
	DK, RF

Coverage: *Respondents who required routine or ongoing care in the past 12 months*

AC_Q10 **Thinking about the last time you received routine or ongoing care, how long did you have to wait between when you needed care and when you received care?**

INTERVIEWER: Enter number only.

____(3 spaces) [Min: 0 Max: 732]
DK, RF ..... (Go to AC_Q11A)

Coverage: *Respondents who required routine or ongoing care in the past 12 months*

AC_N10 **Was this in hours, days, weeks, months or years?**

1	Hours
2	Days
3	Weeks
4	Months
5	Years
	DK, RF

Coverage: *Respondents who required routine or ongoing care in the past 12 months*

AC_Q11A **In your view, was the waiting time...?**

INTERVIEWER: Read categories to respondent.

1	Acceptable
2	Somewhat acceptable
3	Not very acceptable
4	Not acceptable
	DK, RF

Coverage: *Respondents who required routine or ongoing care in the past 12 months*

AC_C11B If AC_Q11A = 3 or 4 ..... (Go to AC_Q11B)
Otherwise..... (Go to AC_R12)

AC_Q11B **In this particular case, what do you think would have been an acceptable waiting time?**

INTERVIEWER: Enter number only.

____(3 spaces) [Min: 0 Max: 732]
DK, RF.....(Go to AC_R12)

Coverage: *Respondents who in the past 12 months had an unacceptable waiting time when they required routine or ongoing care*

AC_N11B **Was this in hours, days, weeks, months or years?**

1 Hours
2 Days
3 Weeks
4 Months
5 Years
DK, RF

Coverage: *Respondents who in the past 12 months had an unacceptable waiting time when they required routine or ongoing care*

AC_R12 **The next questions are about situations when you have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.**

AC_Q12 **In the past 12 months, have you required immediate health care services for a minor health problem?**

1 Yes
2 No.....(Go to AC_Q18)
DK, RF.....(Go to AC_Q18)

Coverage: *All respondents*

AC_Q13 **In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem?**

1 Yes
2 No.....(Go to AC_Q15)
DK, RF.....(Go to AC_Q15)

Coverage: *Respondents who required immediate care for a minor health problem in the past 12 months*

AC_Q14 **What types of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

01 Difficulty contacting a physician
02 Difficulty getting an appointment
03 Do not have personal/family physician
04 Waited too long to get an appointment
05 Waited too long to see the physician (i.e., in-office waiting)
06 Service not available at time required
07 Service not available in the area
08 Transportation problems
09 Cost
10 Language problems
11 Did not know where to go (i.e., information problems)
12 Unable to leave the house because of a health problem
13 Other - Specify..... (Go to AC_S14)
DK, RF

Default: (Go to AC_Q15)

Coverage: *Respondents who in the past 12 months experienced difficulties getting the immediate care needed for a minor health problem*

AC_S14 What type of difficulties did you experience?

INTERVIEWER: Specify.

____(80 spaces)

AC_Q15 **Thinking about the last time you required immediate care for a minor health problem, where did you get that care?**

01 Primary care provider (usual family physician or usual place of care)
02 Walk-in clinic
03 CLSC/Community health centre
04 Emergency department
05 Telephone help line
06 Specialist's clinic
07 Internet
08 Another source
DK, RF

Coverage: *Respondents who required immediate care for a minor health problem in the past 12 months*

AC_Q16 **Thinking about the last time you received immediate care for a minor health problem, how long did you have to wait between when you needed care and when you received care?**

INTERVIEWER: Enter number only.

____(3 spaces) [Min: 0 Max: 732]
DK, RF..... (Go to AC_Q17A)

Coverage: *Respondents who required immediate care for a minor health problem in the past 12 months*

AC_N16 **Was this in hours, days, weeks, months or years?**

1 Hours
2 Days
3 Weeks
4 Months
5 Years
DK, RF

Coverage: *Respondents who required immediate care for a minor health problem in the past 12 months*

AC_Q17A **In your view, was the waiting time...?**

INTERVIEWER: Read categories to respondent.

1 Acceptable
2 Somewhat acceptable
3 Not very acceptable..... (Go to AC_Q17B)
4 Not acceptable..... (Go to AC_Q17B)
DK, RF

Default: (Go to AC_Q18)

Coverage: *Respondents who required immediate care for a minor health problem in the past 12 months*

AC_Q17B **In this particular case, what do you think would have been an acceptable waiting time?**

INTERVIEWER: Enter number only.

____(3 spaces) [Min: 0 Max: 732]
DK, RF.....(Go to AC_Q18)

Coverage: *Respondents who in the past 12 months had an unacceptable waiting time when they required immediate care for a minor health problem*

AC_N17B **Was this in hours, days, weeks, months or years?**

1 Hours
2 Days
3 Weeks
4 Months
5 Years
DK, RF

Coverage: *Respondents who in the past 12 months had an unacceptable waiting time when they required immediate care for a minor health problem*

AC_Q18 **In the past 12 months, did you require a visit to a specialist for a diagnosis or a consultation?**

1 Yes
2 No .....(Go to AC_Q22)
DK, RF.....(Go to AC_Q22)

Coverage: *All respondents*

AC_Q19 **In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?**

1 Yes
2 No .....(Go to AC_Q21)
DK, RF .....(Go to AC_Q21)

Coverage: *Respondents who needed to visit a specialist for a diagnosis or a consultation in the past 12 months*

AC_Q20 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

01 Difficulty contacting a physician
02 Difficulty getting an appointment
03 Do not have personal/family physician
04 Waited too long to get an appointment
05 Waited too long to see the physician (i.e., in-office waiting)
06 Service not available at time required
07 Service not available in the area
08 Transportation problems
09 Cost
10 Language problems
11 Did not know where to go (i.e., information problems)
12 Unable to leave the house because of a health problem
13 Other - Specify.....(Go to AC_S20)
DK, RF

Default: (Go to AC_Q21)

Coverage: *Respondents who in the past 12 months experienced difficulties getting the specialist care they needed for a diagnosis or consultation*

AC_S20 What type of difficulties did you experience?

INTERVIEWER: Specify.

____(80 spaces)

AC_Q21 **Thinking about the last time you received specialist care for a diagnosis or consultation, how long did you have to wait between when you needed care and when you received care?**

INTERVIEWER: Enter number only.

____(3 spaces) [Min: 0 Max: 732]
DK, RF .....(Go to AC_Q22)

Coverage: *Respondents who needed to visit a specialist for a diagnosis or a consultation in the past 12 months*

AC_N21 **Was this in hours, days, weeks, months or years?**

1 Hours
2 Days
3 Weeks
4 Months
5 Years
DK, RF

Coverage: *Respondents who needed to visit a specialist for a diagnosis or a consultation in the past 12 months*

AC_Q22 **During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?**

1 Yes
2 No .....(Go to AC_END)
DK, RF .....(Go to AC_END)

Coverage: *All respondents*

AC_Q23 **Thinking of the most recent time, why didn't you get care?**

INTERVIEWER: Mark all that apply.

01 Difficulty contacting a physician
02 Difficulty getting an appointment
03 Do not have personal family physician
04 Waited too long to get an appointment
05 Waited too long to see the physician (i.e., in-office waiting)
06 Service not available at time required
07 Service not available in the area
08 Transportation problems
09 Cost
10 Language problems
11 Did not know where to go (i.e., information problems)
12 Unable to leave the house because of a health problem
13 Other - Specify.....(Go to AC_S23)
DK, RF

Default: (Go to AC_END)

Coverage: *Respondents who during the past 12 months felt there was a time they needed health care but didn't receive it*

AC_S23 Thinking of the most recent time, why didn't you get care?

INTERVIEWER: Specify.

____(80 spaces)

AC_END End of section

Section: Emergency room use (ER)

ER_BEG Beginning of section

ER_R01 **The next questions are about accessing health care from a hospital emergency department over the past 12 months.**

ER_Q01 **How many times have you personally used a hospital emergency department in the past 12 months?**

INTERVIEWER: If never, enter 0.

____(3 spaces) [Min: 0 Max: 900]
DK, RF

Coverage: *All respondents*

ER_C02 If ER_Q01 = 0, DK, or RF.....(Go to ER_END)
Otherwise..... (Go to ER_Q01A)

ER_Q01A **The last time you went to the hospital emergency department, what were the reasons you chose to go to Emergency?**

INTERVIEWER: Mark all that apply.

01 It clearly was an emergency
02 I didn't know if my health condition was an emergency
03 I was waiting to see a specialist but my health was deteriorating
04 I was waiting for a test or procedure and wanted it done sooner
05 I was told to go to the emergency department (e.g., by a health professional, for the purposes of follow-up, or for an appointment with a specialist who works there)
06 It was the only place to go
07 I go to the emergency department whenever I need care
08 I use the emergency department for all my health concerns
09 Other - Specify.....(Go to ER_S01A)
DK, RF

Default: (Go to ER_Q02)

Coverage: *Respondents who have visited the hospital emergency department in the past 12 months*

ER_S01A The last time you went to the hospital emergency department, what were the reasons you chose to go to Emergency?

INTERVIEWER: Specify.

____(80 spaces)

ER_Q02 **The last time you went to the hospital emergency department, how long did you wait from the time you entered the emergency department to the time you were treated?**

INTERVIEWER: Enter number only.

____(3 spaces) [Min: 1 Max: 995]
DK, RF

Coverage: *Respondents who have visited the hospital emergency department in the past 12 months*

ER_N02 **Was this in minutes, hours, or days?**

1 Minutes
2 Hours
3 Days
DK, RF

Coverage: *Respondents who have visited the hospital emergency department in the past 12 months*

ER_Q03 **The last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by your [primary care provider] if he had been available?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who have visited the hospital emergency department in the past 12 months*

ER_END End of section

Section: **Prescription medication use (MU)**

MU_BEG Beginning of section

MU_R01 **The next questions are about prescription medications you are currently using.**

MU_Q01 **How many different prescription medications are you taking on a regular or ongoing basis?**

INTERVIEWER: Enter amount.

____(3 spaces) [Min: 0 Max: 100]
DK, RF

Coverage: *All respondents*

MU_C02 If MU_Q01 = 0, DK, or RF ..... (Go to MU_END)
Otherwise..... (Go to MU_Q02)

MU_Q02 **In the past 12 months, how often have your medical doctors explained the side effects of any medication that was prescribed?**

INTERVIEWER: Read categories to respondent.

01 Always
02 Often
03 Sometimes
04 Rarely
05 Never
06 Not applicable (long-term use of the same medication, side effect discussion redundant)
DK, RF

Coverage: *Respondents who are taking prescription medications on a regular or ongoing basis*

MU_Q03 **In the past 12 months, how often have your medical doctors reviewed and discussed all the different medications you are using, including medicines prescribed by other medical doctors?**

INTERVIEWER: Read categories to respondent.

01 Always
02 Often
03 Sometimes
04 Rarely
05 Never
06 Not applicable (long-term use of the same medication, side effect discussion redundant)
DK, RF

Coverage: *Respondents who are taking prescription medications on a regular or ongoing basis*

MU_Q04 **In the past 12 months, have you had a side effect from a prescription that required you to visit a medical doctor or emergency room?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who are taking prescription medications on a regular or ongoing basis*

MU_Q05A **In the past 12 months, have you ever been given the wrong medication or wrong dose by a doctor, nurse or pharmacist?**

1 Yes.....(Go to MU_Q05B)
2 No
DK, RF

Default: (Go to MU_END)

Coverage: *Respondents who are taking prescription medications on a regular or ongoing basis*

MU_Q05B **Did this occur while you were hospitalized?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who in the past 12 months were given the wrong medication or wrong dose by a doctor, nurse or pharmacist*

MU_Q06 **Did this wrong medication or dose cause a...?**

INTERVIEWER: Read categories to respondent.

1 Very serious health problem
2 Somewhat serious health problem
3 Not serious health problem
4 No health problem at all
DK, RF

Coverage: *Respondents who in the past 12 months were given the wrong medication or wrong dose by a doctor, nurse or pharmacist*

MU_Q07 **Did the medical doctor or health professional involved tell you that an error had been made in your treatment?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who in the past 12 months were given the wrong medication or wrong dose by a doctor, nurse or pharmacist*

MU_END End of section

Section: **Chronic conditions (CC)**

CC_BEG Beginning of section

CC_R01AA **The following questions ask about chronic health conditions that you may have. We are interested in 'long-term conditions' which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**

CC_Q01AA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... arthritis?

1 Yes.....(Go to CC_Q01AB)
2 No
DK, RF

Default: (Go to CC_Q01BA)

Coverage: *All respondents*

CC_Q01AB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF.....(Go to CC_Q01BA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for arthritis*

CC_N01AB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for arthritis*

CC_Q01BA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... asthma?

1 Yes.....(Go to CC_Q01BB)
2 No
DK, RF

Default: (Go to CC_Q01CA)

Coverage: *All respondents*

CC_Q01BB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF..... (Go to CC_Q01CA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for asthma*

CC_N01BB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for asthma*

CC_Q01CA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... chronic pain, diagnosed by a health professional?

1 Yes..... (Go to CC_Q01CB)
2 No
DK, RF

Default: (Go to CC_Q01DA)

Coverage: *All respondents*

CC_Q01CB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF ..... (Go to CC_Q01DA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for chronic pain*

CC_N01CB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for chronic pain*

CC_Q01DA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... emphysema or COPD (chronic obstructive pulmonary disease)?

INTERVIEWER: Include any disorder marked by a persistent obstruction of bronchial airflow in the lungs.

1 Yes ..... (Go to CC_Q01DB)
2 No
DK, RF

Default: (Go to CC_Q01EA)

Coverage: *All respondents*

CC_Q01DB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF .....(Go to CC_Q01EA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for emphysema or COPD*

CC_N01DB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for emphysema or COPD*

CC_Q01EA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... cancer?

1 Yes.....(Go to CC_Q01EB)
2 No
DK, RF

Default: (Go to CC_Q01FA)

Coverage: *All respondents*

CC_Q01EB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF.....(Go to CC_Q01FA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for cancer*

CC_N01EB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for cancer*

CC_Q01FA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... depression?

1 Yes.....(Go to CC_Q01FB)
2 No
DK, RF

Default: (Go to CC_Q01GA)

Coverage: *All respondents*

CC_Q01FB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF..... (Go to CC_Q01GA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for depression*

CC_N01FB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for depression*

CC_Q01GA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... a mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia?

1 Yes..... (Go to CC_Q01GB)
2 No
DK, RF

Default: (Go to CC_Q01HA)

Coverage: *All respondents*

CC_Q01GB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF..... (Go to CC_Q01HA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for a mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia*

CC_N01GB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for a mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia*

CC_Q01HA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... diabetes?

INTERVIEWER: Count borderline, any type.

1 Yes..... (Go to CC_Q01HB)
2 No
DK, RF

Default: (Go to CC_Q01IA)

Coverage: *All respondents*

CC_Q01HB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF..... (Go to CC_Q01IA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for diabetes*

CC_N01HB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for diabetes*

CC_Q01IA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... heart disease?

1 Yes..... (Go to CC_Q01IB)
2 No
DK, RF

Default: (Go to CC_Q01JA)

Coverage: *All respondents*

CC_Q01IB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF..... (Go to CC_Q01JA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for heart disease*

CC_N01IB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for heart disease*

CC_Q01JA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... stroke?

1 Yes..... (Go to CC_Q01JB)
2 No
DK, RF

Default: (Go to CC_Q01KA)

Coverage: *All respondents*

CC_Q01JB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF.....(Go to CC_Q01KA)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for a stroke*

CC_N01JB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for a stroke*

CC_Q01KA **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... high blood pressure or hypertension?

1 Yes.....(Go to CC_Q01KB)
2 No
DK, RF

Default: (Go to CC_C02)

Coverage: *All respondents*

CC_Q01KB **How long ago were you first diagnosed with this condition?**

____(2 spaces) [Min: 0 Max: 99]
DK, RF.....(Go to CC_C02)

Coverage: *Respondents who were ever diagnosed or treated by a health professional for high blood pressure or hypertension*

CC_N01KB **Was this in months or years?**

1 Months
2 Years
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for high blood pressure or hypertension*

CC_C02 If CC_Q01AA to CC_Q01KA not = 1.....(Go to CC_END)
Else, if CC_Q01HA = 1 or CC_Q01IA = 1 or CC_Q01JA = 1 or CC_Q01KA = 1..... (Go to CC_R02A)
Otherwise..... (Go to CC_R03B)

CC_R02A **Staying healthy can be difficult when you have a chronic health condition. We would like to learn about the type of help you get from your [primary care provider].**

CC_Q02A **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

... blood pressure measurement?

1 Yes
2 No
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

CC_Q02B **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

... cholesterol measurement?

1 Yes
2 No
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

CC_Q02C **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

... body weight measurement?

1 Yes
2 No
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

CC_Q02D **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

... blood sugar measurement?

1 Yes
2 No
DK, RF

Coverage: *Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

CC_R03A **For the next set of questions, think about the health care you've received for your chronic condition in the past 12 months from your [primary care provider].**

Default: (Go to CC_Q03)

CC_R03B **Staying healthy can be difficult when you have a chronic health condition. We would like to learn about the type of help you get from your [primary care provider].**

For the next set of questions think about the health care you've received for your chronic condition in the past 12 months from your [primary care provider].

CC_Q03 **In the past 12 months, were you asked to talk about your goals in caring for your chronic condition?**

INTERVIEWER: Read categories to respondent.

01 Almost always
02 Most of the time
03 Sometimes
04 Generally not
05 Almost never
06 Not applicable, has not seen a doctor in the past 12 months
DK, RF

Coverage: *Respondents with at least one chronic condition*

CC_Q04 **In the past 12 months, were you shown that what you did to take care of yourself influenced your health condition?**

01 Almost always
02 Most of the time
03 Sometimes
04 Generally not
05 Almost never
06 Not applicable, has not seen a doctor in the past 12 months
DK, RF

Coverage: *Respondents with at least one chronic condition*

CC_Q05 **In the past 12 months, were you given a written list of things you should do to improve your health?**

01 Almost always
02 Most of the time
03 Sometimes
04 Generally not
05 Almost never
06 Not applicable, has not seen a doctor in the past 12 months
DK, RF

Coverage: *Respondents with at least one chronic condition*

CC_Q06 **In the past 12 months, were you encouraged to go to a specific group or class such as an educational seminar to help cope with your chronic condition?**

01 Almost always
02 Most of the time
03 Sometimes
04 Generally not
05 Almost never
06 Not applicable, has not seen a doctor in the past 12 months
DK, RF

Coverage: *Respondents with at least one chronic condition*

CC_Q07 **In the past 12 months, were you encouraged to attend programs in the community such as support groups or exercise classes that could help you?**

01 Almost always
02 Most of the time
03 Sometimes
04 Generally not
05 Almost never
06 Not applicable, has not seen a doctor in the past 12 months
DK, RF

Coverage: *Respondents with at least one chronic condition*

CC_Q08 **In the past 12 months, were you told how your visits with other types of doctors (e.g., specialists or surgeon) helped your treatment?**

01 Almost always
02 Most of the time
03 Sometimes
04 Generally not
05 Almost never
06 Not applicable, has not seen a doctor in the past 12 months
DK, RF

Coverage: *Respondents with at least one chronic condition*

CC_Q09 **In the past 12 months, were you helped to make a treatment plan that you could do in your daily life?**

01 Almost always
02 Most of the time
03 Sometimes
04 Generally not
05 Almost never
06 Didn't make a plan
07 Not applicable, has not seen a doctor in the past 12 months
DK, RF

Coverage: *Respondents with at least one chronic condition*

CC_END End of section

Section: **Patient activation (PA)**

PA_BEG Beginning of section

PA_C01 If CC_Q01AA to CC_Q01KA not = 1.....(Go to PA_END)
Otherwise, if at least one yes in CC_Q01AA to CC_Q1KA.....(Go to PA_R01)

PA_R01 **The following questions are related to how involved you are in thinking about or making decisions about your own health and health care.**

PA_Q01 **I know what each of my prescribed medications do. Do you...?**

INTERVIEWER: Read categories to respondent.

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
DK, RF

Coverage: *Respondents with at least one chronic condition*

PA_Q02 **I am confident that I can follow through on medical treatments I need to do at home. Do you...?**

INTERVIEWER: Read categories to respondent.

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
DK, RF

Coverage: *Respondents with at least one chronic condition*

PA_Q03 **I understand the nature and causes of my health condition. Do you...?**

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
DK, RF

Coverage: *Respondents with at least one chronic condition*

PA_Q04 **I know the different medical treatment options available for my health condition. Do you...?**

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
DK, RF

Coverage: *Respondents with at least one chronic condition*

PA_Q05 **I know how to prevent further problems with my health condition. Do you...?**

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
DK, RF

Coverage: *Respondents with at least one chronic condition*

PA_END End of section

Section: **Demographics (DM)**

DM_BEG Beginning of section

DM_R01 **Now, I would like to ask you a few general questions that will help us analyze the data collected.**

DM_B01 Call the Sex block.

Coverage: *All respondents*

DM_B02 What is your date of birth?

Call the Date block.

INTERVIEWER: Insist on year of birth.

Coverage: *All respondents*

DM_Q03 **What is the highest grade or level of education you have ever reached?**

01 No schooling
02 Some elementary
03 Completed elementary
04 Some secondary
05 Completed secondary
06 Some community college, technical college, CEGEP or nurse's training
07 Completed community college, technical college, CEGEP or nurse's training
08 Some university or teacher's college
09 Completed university or teacher's college
10 Other education or training
DK, RF

Coverage: *All respondents*

DM_Q04 **Which of the following describes you best?**

INTERVIEWER: Read categories to respondent.

01 Employed full-time (including self-employed or on a work training program)
02 Employed part-time (including self-employed or on a work training program)
03 Unemployed and looking for work
04 At school or in full-time education
05 Unable to work due to long-term sickness or disability
06 Looking after your home/family
07 Retired from paid work
08 Other..... (Go to DM_S04)
DK, RF

Default: (Go to DM_Q05)

Coverage: *All respondents*

DM_S04 Which of the following describes you best?

INTERVIEWER: Specify.

____(80 spaces)

DM_Q05 **What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, during the year ending Dec. 31, 2007?**

INTERVIEWER: Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

____(8 spaces) [Min: 1 Max: 10]
DK, RF

Coverage: *All respondents*

DM_C05A If DM_Q05 = DK or RF .....(Go to DM_Q05A)
Otherwise.....(Go to DM_Q06)

DM_Q05A **What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, during the year ending Dec. 31, 2007? Was it...?**

INTERVIEWER: Read categories to respondent.

1 Less than $50,000 (includes income loss)
2 $50,000 and more
DK, RF

Coverage: *Respondents who did not provide an estimate of their total household income in DM_Q05*

DM_C05B If DM_Q05A = 1 .....(Go to DM_Q05B)
Else, if DM_Q05A = 2 ..... (Go to DM_Q05C)
Otherwise..... (Go to DM_Q06)

DM_Q05B **Please stop me when I have read the category which applies to your household.**

INTERVIEWER: Read categories to respondent.

03 Less than $5,000
04 $5,000 or more but less than $10,000
05 $10,000 or more but less than $15,000
06 $15,000 or more but less than $20,000
07 $20,000 or more but less than $30,000
08 $30,000 or more but less than $40,000
09 $40,000 or more but less than $50,000
DK, RF

Default: (Go to DM_Q06)

Coverage: *Respondents who did not provide an estimate of their total household income in DM_Q05 but reported that it was less than $50,000*

DM_Q05C **Please stop me when I have read the category which applies to your household.**

INTERVIEWER: Read categories to respondent.

10 $50,000 or more but less than $60,000
11 $60,000 or more but less than $70,000
12 $70,000 or more but less than $80,000
13 $80,000 or more but less than $90,000
14 $90,000 or more but less than $100,000
15 $100,000 or more but less than $150,000
16 $150,000 and over
DK, RF

Coverage: *Respondents who did not provide an estimate of their total household income in DM_Q05 but reported that it was $50,000 or more*

DM_Q06 **Including yourself, how many persons usually live in your household?**

____(2 spaces) [Min: 1 Max: 99]
DK, RF

Coverage: *All respondents*

DM_Q07 **In what province or territory do you live?**

10	Newfoundland and Labrador
11	Prince Edward Island
12	Nova Scotia
13	New Brunswick
24	Quebec
35	Ontario
46	Manitoba
47	Saskatchewan
48	Alberta
59	British Columbia
60	Yukon
61	Northwest Territories
62	Nunavut
	DK, RF

Coverage: *All respondents*

DM_Q08 **What is your postal code?**

INTERVIEWER: Enter the postal code. If the address is outside Canada, press <Enter>.

____(6 spaces)
DK, RF

Coverage: *All respondents*

DM_END End of section

Section: **Permission to share (PS)**

PS_BEG Beginning of section

PS_R01 **To avoid duplication, Statistics Canada has entered into an agreement to share the information from the interviews conducted as part of this survey with the Canadian Institute of Health Information and the Health Council of Canada. Your name, address and telephone number will not be included and both organizations have undertaken to keep this information confidential and use it only for statistical purposes.**

INTERVIEWER: The survey is sponsored by the Health Council of Canada and the Canadian Institute for Health Information.

PS_Q01 **Do you agree to share the information provided?**

1	Yes
2	No
	DK, RF

Coverage: *All respondents*

PS_END End of section

Section: **Permission to link (PL)**

PL_BEG Beginning of section

PL_R01 **In 2007, you responded to the Canadian Community Health Survey. At that time, you gave us your permission to link your information from that survey, to your health services information. You also gave us your (provincial or territorial) health number to assist in linking this information. Now, we would like your permission to link today's survey with your 2007 survey information, and with your health services information.**

INTERVIEWER: Your health services information includes your past and continuing use of health services, such as visits to hospitals, clinics and doctor's offices. However, it does not include your personal medical information held by your doctor.

PL_Q01 **The linked information will not be shared with anyone outside Statistics Canada. Do we have your permission?**

INTERVIEWER: The linked information will not be shared with the Canadian Institute for Health Information or with the Health Council of Canada.

1 Yes..... (Go to PL_END)
2 No
DK, RF

Coverage: *Respondents who gave permission to link their CCHS 2007 information to their health services information*

PL_R02 **Finally, we would like your permission to link information collected during this interview to your past survey answers to the Canadian Community Health Survey collected in 2007 by Statistics Canada.**

PL_Q02 **This linked information will be kept confidential and used only for statistical purposes by Statistics Canada and will not be shared with the Canadian Institute for Health Information or with the Health Council of Canada. Do we have your permission?**

1 Yes
2 No
DK, RF

Coverage: *Respondents who did not give permission to link their CCHS 2007 information to their health services information, and respondents who gave permission to link their CCHS 2007 information to their health services information but did not give permission to link to this survey*

PL_END End of section

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Measure # 66: Interpersonal Processes of Care Survey (IPC-II)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Anita L. Stewart, Ph.D.
Professor
University of California San Francisco
333 California St. Suite 340
San Francisco, CA 94118
P: 415-502-5207 F: 415-502-5208
Email: Anita.Stewart@ucsf.edu

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Additional Notes:

- Information about the development and scoring of the Interpersonal Processes of Care Survey is available at http://dgim.ucsf.edu/cadc/mm/ipcare.html.

INTERPERSONAL PROCESSES OF CARE SURVEY: IPC-29

The next questions are about your experiences talking with your doctor(s) at ____ *[clinic name]* over the past 12 months. If you see more than one doctor at _____, please tell us, on average, how often they did the following:

	Never	Rarely	Sometimes	Usually	Always
1. How often did doctors speak too fast?	1	2	3	4	5
2. How often did doctors use words that were hard to understand?	1	2	3	4	5
3. How often did doctors ignore what you told them?	1	2	3	4	5
4. How often did doctors appear to be distracted when they were with you?	1	2	3	4	5
5. How often did doctors seem bothered if you asked several questions?	1	2	3	4	5
6. How often did doctors really find out what your concerns were?	1	2	3	4	5
7. How often did doctors let you say what you thought was important?	1	2	3	4	5
8. How often did doctors take your health concerns very seriously?	1	2	3	4	5
9. How often did doctors explain your test results such as blood tests, x-rays, or cancer screening tests?	1	2	3	4	5
10. How often did doctors clearly explain the results of your physical exam?	1	2	3	4	5
11. How often did doctors tell you what could happen if you didn't take a medicine that they prescribed for you?	1	2	3	4	5
12. How often did doctors tell you about side effects you might get from a medicine?	1	2	3	4	5

Now I have some questions about how you and your medical doctors decide about your health care.

	Never	Rarely	Sometimes	Usually	Always
13. How often did doctors ask if you would have any problems following what they recommended?	1	2	3	4	5
14. How often did doctors ask if you felt you could do the recommended treatment?	1	2	3	4	5
15. How often did you and your doctors work out a treatment plan together?	1	2	3	4	5
16. If there were treatment choices, how often did doctors ask if you would like to help decide your treatment?	1	2	3	4	5

These questions are about the personal interactions between you and your doctor(s). Please continue to think about your experiences over the past 12 months. First,

	Never	Rarely	Sometimes	Usually	Always
17. How often were doctors compassionate?	1	2	3	4	5
18. How often did doctors give you support and encouragement?	1	2	3	4	5
19. How often were doctors concerned about your feelings?	1	2	3	4	5
20. How often did doctors really respect you as a person?	1	2	3	4	5
21. How often did doctors treat you as an equal?	1	2	3	4	5
22. How often did doctors make assumptions about your level of education?	1	2	3	4	5
23. How often did doctors make assumptions about your income?	1	2	3	4	5
24. How often did doctors pay less attention to you because of your race or ethnicity?	1	2	3	4	5
25. How often did you feel discriminated against by doctors because of your race or ethnicity?	1	2	3	4	5

The next four questions ask about the doctor's front office staff, meaning the receptionist or the person you talk to on the phone to make an appointment.

	Never	Rarely	Sometimes	Usually	Always
26. How often were office staff rude to you?	1	2	3	4	5
27. How often did office staff talk down to you?	1	2	3	4	5
28. How often did office staff give you a hard time?	1	2	3	4	5
29. How often did office staff have a negative attitude toward you?	1	2	3	4	5

Measure # 67: Brief 5 A's Patient Survey

Contact Information:

- Contact information not obtained.

Copyright Details:

- Glasgow RE, Emont S, Miller DC. Assessing delivery of the five 'As' for patient-centered counseling. *Health Promotion International* 2006; 21(3):245-55, by permission of Oxford University Press and the International Union for Health Promotion and Education, in association with the World Health Organization.

Tell us what you think about your health care

These questions are about your visits and conversations with your health care team. Members of your *health care team* are doctors, nurses or any medical person who gives you health care for your long term health problems.

Check one box for each question.

1. My health care team asked me in a **conversation** how I take care of my health.

❑ Yes ❑ No ❑ Don't know

2. My health care team asked me in a **survey** how I take care of my health.

❑ Yes ❑ No ❑ Don't know

3. My health care team gave me a list of things that I can do to improve my health.

❑ Yes ❑ No ❑ Don't know

4. My health care team gave me personalized advice about how I can improve my health.

❑ Yes ❑ No ❑ Don't know

5. My health care team helped me to set specific goals to manage my health problems.

❑ Yes ❑ No ❑ Don't know

6. My health care team asked for **my ideas** about how I can take care of my health problems.

❑ Yes ❑ No ❑ Don't know

7. My health care team helped me make **a plan that I can use every day** to help take care of my health problems.

❑ Yes ❑ No ❑ Don't know

8. My health care team helped me **plan ahead** so that I can take care of my health problems even during hard times.

❑ Yes ❑ No ❑ Don't know

9. My health care team told me about other people who can help me with my health problems (such as groups, classes, counselors, dieticians and health educators).

❑ Yes ❑ No ❑ Don't know

10. My health care team made plans to contact me after a visit to see how I was doing.

❑ Yes ❑ No ❑ Don't know

Thank you. We will keep your answers private and confidential!

Fig. 3: Brief 5As patient survey. *Source*: www.collaborativeselfmanagement.org.

Measure # 68: Patient Perceived Continuity of Care from Multiple Providers

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Jeannie Haggerty, PhD
Research Chair in Family and Community Medicine
McGill University & St Mary's Hospital Center
3830 Lacombe Ave
Montreal, Quebec H3T 1M5
P: (514) 345-3511 ext 6334 F: (514) 734-2652

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ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Haggerty JL, Roberge D, Freeman G, Beaulieu C, Bréton M. Validation of a generic measure of continuity of care: when patients encounter several clinicians. *Ann Fam Med*. 2012;10:435-442.

http://www.annfammed.org/content/10/5/435/suppl/DC1

Supplemental Appendix. Operational Definition of the Instrument's Properties

PATIENT-PERCEIVED CONTINUITY OF CARE FROM MULTIPLE CLINICIANS

This appendix shows the *operational definition of each subscale or element,* the **frame and item statement** with Likert response options [optional or replaceable elements]. Formatting is discretionary, but a sample questionnaire and scoring advice is available from the authors.

Please cite the instrument as "Patient Perceived Continuity from Multiple Clinicians."

Relational Continuity

Presence of a responsible clinician: *Patient can identify one health professional (usually the family physician) who has responsibility for most of their health needs and knows the patient well.*

Do you have a family doctor or general practitioner who takes care of most of your health care? (If yes, who, how long)

Comprehensive knowledge of the patient: *The extent to which comprehensive knowledge of the patient is brought to bear in the management of the health condition by the responsible clinician.*

To what extent does this person (1 = hardly at all, a little, moderately, a lot, totally = 5)

- **take into account your whole medical history?**
- **take into account what worries you most about your health?**
- **take into account your responsibilities at work or home?**
- **take into account your personal values?**

Partnership & Confidence

How much importance does this person give to your ideas about your care? (1 = hardly any, only a little, moderate, a lot of importance, immense importance = 5)

How comfortable do you feel discussing with this person about personal problems related to your health condition? (1 = not at all comfortable, only somewhat, moderately, very, completely = 5)

How confident are you that this person will look after you no matter what happens with your health? (1 = not very, only somewhat, moderately, very, completely = 5)

Team relational continuity: *The extent to which a stable set of people at the regular source of care know the patient and work as a team to meet their needs.*

At your clinic, other than the person who takes care of most of your health care (1 = hardly at all, somewhat, moderately, a lot, completely = 5)

- **how well do you feel "known" by everyone on the care team at your clinic?**
- **how much can you count on everyone on the care team for help?**

Management Continuity

Presence of one main coordinator: *Patient can identify one main coordinator (mainly family physician, also nurse, case manager, etc) who is in contact with the patient and assures all the links with the health system.*

Thinking about ALL the persons you saw in ALL different places you went for your care, is there one who ensures the follow-up of your health care (doctor, nurse, other)? (If yes, who and where, is it the same as responsible clinician?)

Extent of coordinator role: *Extent to which coordinator knows all health care needs, maintains regular contact with the patient and other clinicians, and advocates for the patient to the other clinicians.*

How much does this person … (1 = hardly at all or not at all to a great deal or totally = 5)

- **know about your health needs?**
- **seem up-to-date about health care given by others?**
- **help you in getting the health care you need from other clinicians?**
- **contact other clinicians about your health care?**
- **keep in contact with you even when you receive health care in other places?**

Thinking about all persons seen for care

Clarity of roles and coordination: *The role of all clinicians is clear not only to the patient but it is obvious to the patient all the clinicians know who is doing what and when.*

Were there times when persons [at your clinic]or [from your clinic and those in other places]
(1 = never, almost never, sometimes, often, 5 = very often)

- **told you different things (that didn't make sense together) about your health?**
- **did not seem to work well together?**
- **did not seem to know who should be doing what in your health care?**

Evidence/Experience of a care plan: *Awareness of a care plan used by clinicians to organize the patient's care and map of care path and health trajectory. NB: not directly observed by patient; its presence must be inferred from recall of the clinician's actions.*

Thinking about what was done, in the last X months, for your health condition. Has someone (yes, no, does not apply)

- **explained to you the consequences of your condition on your health?**
- **explained to you why you'll do the treatment or take the medication and how?**
- **explained the tests or exams that you should do to check on your health condition?**
- **explained about visits to other health care clinicians: why and how?**
- **has asked you what personal goals you would like to achieve for your health condition?**

- **discussed with you how you could reach your personal goals?**

Information Continuity

Information gaps between clinicians: *Experienced communication failures between clinicians where needed information is not available or not used at the point of care (discontinuity).*

Were there times when (never, sometimes, often)

- **the person you were consulting did not know your most recent medical history?**
- **the person you were seeing did not have access to your recent test or exam results?**
- **you had to repeat tests because the person you were seeing did not have access to results?**
- **the person you were consulting did not know about changes in your treatment that another person recommended?**
- **you had to repeat information that should be in your medical record?**
- **you had to provide the results of a specialist's visit to the person you were seeing?**

Involving patients as partners, in the information loop

Information transmitted to the patient by clinicians: *Patients are included in the 'information loop'—giving and receiving appropriate information about their health condition and treatment. Information gives them a sense of control, self-efficacy, and security to cope with new situations or complications.*

Thinking about the information that was given to you by the doctors, nurses, or other health professionals, to what extent did this information
(I did not need information; 1 = I was not given information, hardly at all, a little, moderately, a lot = 5)

- **enable you to know what to do to stay healthy?**
- **enable you to know how to do your treatments at home?**
- **enable you to know what to do to make your health better?**
- **let you know how to cope with minor complications?**

STAND-ALONE INDICATORS OF CONTINUITY AND DISCONTINUITY

Overall experience of planned and coordinated care: *Extent to which health care functions like a well-organized machine (in the patient's eyes).*

Overall, how well organized would you say all your health care is? (1 = hardly at all, to totally = 5)

In general, do you feel that you yourself have to organize the health care you receive from different persons or different places? (response options are ordinal 1 to 5)

- ☐ No, the person who follows my case always does it for me.
- ☐ No, the person who follows my case sometimes does it for me.
- ☐ Yes, but it is my choice to do so.
- ☐ Yes, I have to organize my care more than I would like.
- ☐ Yes, I have to organize my care too much and it is too difficult.

INDICATORS OF DISCONTINUITY

These are indicators of problem continuity. Detailed list of reasons can be adapted to local context.

Were there times when it felt like no one in the health care system was really in charge of your health care? (3-point response: 0 = no, never; yes, at times; yes, often = 3)

Were there times during or between health care visits when you felt abandoned by the health care system or left too much to your own resources? (0 = no, never; yes, at times; yes, often = 3. If yes, indicate reasons)

Did you go to a hospital emergency room for health care? 0 = no, never, yes, at times, yes, often = 3. If yes, indicate reasons)

Were there times when your physical or emotional health suffered because your health care was poorly organized? (0 = no, never; yes, at times; yes, often = 3. If yes, indicate reasons)

Sample continuity reasons reasons (*Check as many as apply*)

- ☐ Because I do not have a regular doctor or clinic.
- ☐ Because my regular doctor was not available.
- ☐ Because it was too difficult or too long to be seen at my regular clinic.
- ☐ Because it was too difficult or too long to be seen by a specialist or another person that I had been referred to.
- ☐ Because the person I saw didn't really know my personal health situation.
- ☐ Because no one seemed to be in charge of my health care.
- ☐ Because the persons I saw didn't seem to know who was in charge of my health care.
- ☐ Because the persons I saw didn't know what others had done or told me.
- ☐ Because I didn't know what to expect about my health condition or the next steps in my care.
- ☐ Because when things went wrong or changed, I could not get answers or advice quickly.
- ☐ Because the persons I saw gave me different information.
- ☐ Because I didn't have the information I needed to cope with my health between appointments.

Measure # 69: Relational and Management Continuity Survey in Patients with Multiple Long-Term Conditions

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Martin Gulliford
Professor of Public Health
King's College London, Division of Health and Social Care Research, School of Medicine
7th Floor, Capital House 42 Weston Street
London SE1 3QD
P: +44 (0)20 7848 6631 F: +44 (0)20 7848 6620
martin.gulliford@kcl.ac.uk

Copyright Details:

Utilization of services

In the last 12 months, how many times have you:	
Q1. spoken with a doctor or nurse at your practice?	Five or more times
Q2. spoken with a doctor or nurse at the hospital clinic or outpatient department?	Five or more times
Q3. been admitted to hospital, as a day patient or overnight?	One or more times
Q4. visited the casualty or A&E department of a hospital?	One or more times
Management continuity	
How often have you experienced the following at the practice or hospital/clinic?	
Q25. My medical records were not available to my doctor (or nurse)	Has happened†
Q26. My medical records were not correct	Has happened†
Q27. Information was missing from my medical records	Has happened†
Q28. My doctor (or nurse) could not get information about my other treatment	Has happened†
Q29. My doctor (or nurse) did not know about my other treatment	Has happened†
Q30. Different doctors (or nurses) gave me conflicting information	Has happened†
Q31. I did not know what treatment to expect next	Has happened†
Relational continuity	
Q5. Do you usually see the same doctor (or nurse) every time you visit the surgery?	Sometimes/Very rarely
Q6. At the surgery, is it easy to see your preferred doctor (or nurse) if you want to?	Not easy/Very difficult
Q7. How many times has the surgery contacted you?	Never/1–2 times
Q8. I am encouraged to make regular appointments even if I am feeling OK.	Disgaree/disagree strongly
Q9. How well does your doctor (or nurse) listen to what you have to say?	Not very well/not at all
Q10. How well does your doctor (or nurse) respect your opinion?	Not very well/not at all
Q11. How well does your doctor (or nurse) involve you in decisions?	Not very well/not at all
Q12. How well does your doctor (or nurse) know your medical history?	Not very well/not at all
Q13. How well does your doctor (or nurse) make decisions that are best for you?	Not very well/not at all
Q14. How well do you know your usual doctor (or nurse)?	Not very well/not at all
Access, flexibility and satisfaction	
Q32. It is difficult to speak with my usual doctor if I have an urgent problem	Agree/agree strongly
Q33. I feel that I have enough time with my doctor to fully discuss all my concerns	Disagree/disagree strongly
Q36. I do not always know who to contact if I have a problem	Agree/agree strongly
Q37. In general, I feel that my care is coordinated in the best possible way	Agree/agree strongly

*Per unit increment in number of long-term conditions adjusted for age group and sex; †includes 'r

Measure # 70: Patient Perceptions of Integrated Care Survey (PPIC)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Sara Singer, MBA, PhD
Assistant Professor of Health Care Management and Policy
Department of Health Policy and Management, Harvard School of Public Health
Department of Medicine, Harvard Medical School
Mongan Institute for Health Policy, Massachusetts General Hospital
677 Huntington Avenue
Boston, MA 02115
P: 617-432-7139 F: 617-432-3699
Email: ssinger@hsph.harvard.edu

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Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

If you want to know more about this study, please call Sara Singer at 617-432-7139.

Survey Instructions

Answer each question by marking the box to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☑ 1 Yes → ***If Yes, Go to #1***
☐ 2 No

If you are answering the questions for another person, please answer according to your understanding of that person's experiences with medical providers.

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

1a. Is that right?
☐ 1 Yes
☐ 2 No

1b. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?
☐ 1 Yes
☐ 2 No → ***If No, who is the provider you usually see?***
(Please print):

_____

Some questions in this survey will refer to your answer to Question 1 as "this provider." Please think of this person as you answer this survey.

2. How long have you been going to this provider?
☐ 1 Less than 6 months
☐ 2 At least 6 months but less than 1 year
☐ 3 At least 1 year but less than 3 years
☐ 4 At least 3 years but less than 5 years
☐ 5 5 years or more

3. Our records indicate that you saw this provider at the office or clinic named below.

Is that right?
☐ 1 Yes
☐ 2 No → ***If No, where did you see this provider?***
(Please print):

_____

Some questions in this survey will refer to your answer to Question 3 as "this provider's office." Please think of this office or clinic as you answer this survey.

Care from This Provider and Provider's Office

4. These questions ask about the care you received from the provider named in Question 1. Some offices remind patients about appointments. Before your most recent visit with this provider, did you get a reminder from this provider's office about the appointment?
☐ 1 Yes
☐ 2 No

5. Before your most recent visit with this provider, did you get instructions telling you what to expect or how to prepare?
   - ☐ 1 Yes
   - ☐ 2 No

6. How often has this provider canceled or changed the date of an appointment?
   - ☐ 1 Never → ***If Never, go to #8***
   - ☐ 2 Once or twice
   - ☐ 3 3 to 5 times
   - ☐ 4 More than 5 times

7. When this provider cancels or changes the date of an appointment, how often is this a big problem for you?
   - ☐ 1 Never
   - ☐ 2 Sometimes
   - ☐ 3 Usually
   - ☐ 4 Always

8. People have busy lives and miss appointments for many reasons. How often have you missed an appointment with this provider?
   - ☐ 1 Never → ***If Never, go to #10***
   - ☐ 2 Once or twice
   - ☐ 3 3 to 5 times
   - ☐ 4 More than 5 times

9. When you miss an appointment with your provider, how often does someone from this provider's office contact you to make a new appointment?
   - ☐ 1 Never
   - ☐ 2 Sometimes
   - ☐ 3 Usually
   - ☐ 4 Always

10. When you see this provider, how often do you have to repeat information you have already given to someone in your provider's office?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

11. In the last 6 months, how often did this provider seem to know the important information about your medical history?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

12. In the last 6 months, how often did this provider seem to know the important information about your work or life at home that you have discussed in the past?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

13. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

14. In the last 6 months, how often did this provider listen carefully to you?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

15. In the last 6 months, how often did this provider show respect for what you had to say?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

16. In the last 6 months, how often did this provider spend enough time with you?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

17. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
    - ☐ 1 Yes
    - ☐ 2 No → ***If No, go to #22 on page 3***

18. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did anyone from this provider's office follow up to give you those results?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

19. In the last 6 months, how often did you get these test results in a timely manner?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

20. In the last 6 months, how often did you have to request your test results before you got them?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

21. In the last 6 months, how often were these test results presented in a way that was easy to understand?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

22. In the last 6 months, how often do you think this provider understood what you wanted from your health care?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

23. In the last 6 months, how often did this provider ask you for your ideas about managing your health?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

24. In the last 6 months, how often did this provider discuss whether you were getting the health care you wanted?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Care from Other Staff at This Provider's Office

25. People often receive care from several people in the same office. These questions ask about the care you received from other staff in the office of the provider named in Question 1. In the last 6 months, did you receive care from any other staff in the office of the provider named in Question 1?

- ☐ 1 Yes
- ☐ 1 No → ***If No, go to #29***

26. In the last 6 months, how often did these other staff seem up-to-date about the care you were receiving from the provider named in Question 1?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

27. In the last 6 months, how often did these other staff talk with you about care you received from the provider named in Question 1?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28. In the last 6 months, how often did these other staff seem to know the important information about your medical history?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Care from Anyone in This Provider's Office

29. These questions ask about the care you received from the provider named in Question 1 and other staff in this provider's office. In the last 6 months, did anyone from this provider's office give you instructions about how to manage your health conditions?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #31 on page 4***

30. When anyone from the office of the provider named in Question 1 gave you instructions about how to manage your health conditions, how often were you able to follow these instructions?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

31. In the last 6 months, did you take any prescription medicine?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #35***

32. In the last 6 months, how often have you and anyone from the office of the provider named in Question 1 talked about how you were supposed to take your medicine?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

33. In the last 6 months, how often have you taken your medicine as prescribed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

34. In the last 6 months, how often have you and anyone from the office of the provider named in Question 1 talked about what to do if you have a bad reaction to your medicine?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

35. In the last 6 months, how often has anyone from the office of the provider named in Question 1 contacted you between visits to see how you were doing?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

36. In the last 6 months, did you try to contact the office of the provider named in Question 1 with a medical question **after** regular office hours?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #38***

37. In the last 6 months, when you tried to contact the office of the provider named in Question 1 **after** regular office hours, how often did you get an answer to your medical question in a timely manner?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

38. In the last 6 months, how often did anyone from the office of the provider named in Question 1 **ask** if you needed more services at home to manage your health conditions?

- ☐ 1 Never → ***If Never, go to #40***
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

39. In the last 6 months, how often did anyone from the office of the provider named in Question 1 **help you get** more services at home to manage your health conditions?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Care from Specialists Outside This Provider's Office

40. Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you receive care from any specialists outside the office of the provider named in Question 1?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #48 on page 5***

41. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

42. In the last 6 months, how often did you have to remind the provider named in Question 1 about care you received from specialists?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

43. In the last 6 months, did any specialists prescribe medicine for you?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #45***

44. In the last 6 months, how often did the provider named in Question 1 talk with you about the medicines prescribed by specialists?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

The Specialist You Saw Most Often in the Last 6 Months

45. These questions ask about care you received from the specialist you saw most often in the last 6 months. In the last 6 months, how often did this specialist seem to know the important information about your medical history?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

46. When you see this specialist, how often do you have to repeat information that you have already given to the provider named in Question 1?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

47. When you see this specialist, how often does he or she repeat tests that you have already had?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Your Most Recent Hospital Stay

48. In the last 6 months, were you admitted to a hospital overnight or longer?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #53***

49. After your most recent hospital stay, did anyone from the office of the provider named in Question 1 contact you to ask about the condition you were in the hospital for?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #52***

50. After your most recent hospital stay, did anyone from the office of the provider named in Question 1 give you advice to help you manage the condition you were in the hospital for?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #52***

51. How often did you follow this advice?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

52. After your most recent hospital stay, did the provider named in Question 1 seem to know the important information about this hospital stay?

- ☐ 1 Yes
- ☐ 2 No

About You

53. In general, how would you rate your overall health?

- ☐ 1 Excellent
- ☐ 2 Very good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

54. What is your age?

- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 or older

55. Are you male or female?

- ☐ 1 Male
- ☐ 2 Female

56. What is the highest grade or level of school that you have completed?

- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

57. Are you of Hispanic or Latino origin or descent?

- ☐ 1 Yes, Hispanic or Latino / Latina
- ☐ 2 No, not Hispanic or Latino / Latina

58. What is your race? Please mark one or more.

- ☐ 1 White
- ☐ 2 Black or African-American
- ☐ 3 Asian
- ☐ 4 Native Hawaiian or Other Pacific Islander
- ☐ 5 American Indian or Alaska Native
- ☐ 6 Other

59. Did someone help you complete this survey?

- ☐ 1 Yes
- ☐ 2 No → ***If No, go to #61***

60. How did that person help you? Please mark one or more.

- ☐ 1 Read the questions to me
- ☐ 2 Wrote down the answers I gave
- ☐ 3 Answered the questions for me
- ☐ 4 Translated the questions into my language
- ☐ 5 Helped in some other way

How did they help? *(Please print)*:

_____

61. Did you complete this survey for someone else?

- ☐ 1 Yes → ***If Yes, go to #62***
- ☐ 2 No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

62. What is your relationship to the person for whom you completed the survey? Please mark all that apply.

- ☐ 1 Your child
- ☐ 2 Your parent
- ☐ 3 Another family member
- ☐ 4 Other (specify)

Other relationship *(Please print)*:

_____

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
PO Box 10820
Herndon, VA 20172-9904

Please do not include any other correspondence.

Measure # 71: Safety Net Medical Home Scale (SNMHS)

Contact Information:

- Permission to include contact info not obtained.

Copyright Details:

- Copyright permission not obtained.

Additional Notes:

- All instrument items are available online at: http://www.commonwealthfund.org/Innovations/Tools/2011/~/media/Files/Innovations/CMWF_SurveyFinal722.pdf

Measure # 72: Parents' Perceptions of Primary Care (P3C)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Michael Seid, PhD
Professor of Pediatrics
Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue
Cincinnatti, Ohio 45229-3026
P: 513-803-0083 F: 513-636-4050
Email: Michael.seid@cchmc.org

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If there is **one particular place** that you take your child for almost all his/her health care **how long** has this been your child's place for health care?

- o Less than 6 months
- o 6 months to 1 year
- o 1 to 2 years
- o 3 to 5 years
- o More than 5 years
- o There is **no particular place** that I bring my child for health care.

If there is **one particular person** that you think of as your child's regular doctor or nurse, **how long** has this person been your child's doctor or nurse?

- o Less than 6 months
- o 6 months to 1 year
- o 1 to 2 years
- o 3 to 5 years
- o More than 5 years
- o There is **no particular person** that I think of as my child's regular doctor.

Your Child's Health Care

If there is **one particular place** that you take your child for almost all his/her health care **how long** has this been your child's place for health care?	If there is **one particular person** that you think of as your child's regular doctor or nurse, **how long** has this person been your child's doctor or nurse?
o Less than 6 months o 6 months to 1 year o 1 to 2 years o 3 to 5 years o More than 5 years o There is **no particular place** that I bring my child for health care.	o Less than 6 months o 6 months to 1 year o 1 to 2 years o 3 to 5 years o More than 5 years o There is **no particular person** that I think of as my child's regular doctor.

The person your child sees for health care might be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, or a nurse. Even though these questions ask about "the doctor," **please think about the person (or people) your child sees for health care**.

WHEN YOU TAKE YOUR CHILD TO THE DOCTOR…	**Never**	**Some times**	**Often**	**Almost Always**	**Always**
1. Is it easy for you to **travel to** the doctor?	0	1	2	3	4
2. Can you see the doctor as soon as you want for **routine care** (check ups, physicals) for your child?	0	1	2	3	4
3. If your child is **sick**, can you see the doctor within one day?	0	1	2	3	4
4. Can you get help or advice on **evenings or weekends**?	0	1	2	3	4
5. Do you feel the doctor knows your child's **medical history**?	0	1	2	3	4
6. Do you feel the doctor knows your **concerns** about your child?	0	1	2	3	4
7. Do you feel the doctor knows your **values and beliefs** about health?	0	1	2	3	4
8. Do you feel the doctor knows your child **overall**?	0	1	2	3	4
9. Can the doctor **take care of** almost any problem your child might have?	0	1	2	3	4
10. Do you feel comfortable asking the doctor **questions**?	0	1	2	3	4
11. Does the doctor **explain things** to your satisfaction?	0	1	2	3	4
12. Does the doctor spend **enough time** with you and your child?	0	1	2	3	4
13. Does the doctor **listen to you**?	0	1	2	3	4
14. Does the doctor talk to you about **keeping your child healthy**?	0	1	2	3	4
15. Does the doctor talk to you about **safety** (like car seats, seat belts, bike helmets, accidents)?	0	1	2	3	4

16. Does the doctor talk to you about your child's **growth**?		0	1	2	3	4
17. Does the doctor talk to you about your child's **behavior in general** (like having friends, citizenship at school)?		0	1	2	3	4
18. When necessary, can the doctor **arrange for** other health care for your child?	**N/A**	0	1	2	3	4
19. When necessary, do you feel that the doctor **follows up** on visits to other health care providers?	**N/A**	0	1	2	3	4
20. Do you feel the doctor **communicates with** other health providers about your child, when necessary?	**N/A**	0	1	2	3	4
21. When necessary, do the doctor and the **school** work together for your child's health?	**N/A**	0	1	2	3	4

Measure # 73: Primary Care Questionnaire for Complex Pediatric Patients

Contact Information:

- Permission to include contact info not obtained.

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Additional Notes:

- Table 2 from the source article is reproduced as it appeared in the original article (Chen AY, Schrager SM, Mangione-Smith R. Quality measures for primary care of complex pediatric patients. *Pediatrics* 2012;129(3):433-45). The measure item numbers and content can be found in the two left-most columns.

TABLE 2 List of Accepted Quality Measures

Measure No.	Measure Text	LOE	Content Type	Data Source	Validity Median	Validity Disp.	Feasibility Median	Feasibility Disp.
Primary Care–general								
1 (*N*)	Children should be screened by the primary care team for developmental delays (at the 9-, 18-, and either 24- or 30-mo visits) using validated instruments.	I	Process	Chart	8	0.67	8	0.89
2 (*P*)	When a primary care team ordered a blood test, x-ray, or other tests, a follow-up discussion with parents to provide those results should be documented.	IV	Process	Chart	8	1.33	7	1.56
3 (*P*)	Primary care team should have coverage to provide help or advice to parents after hours: "In the last 12 months, when you called your child's primary care provider's office after regular hours, how often did you get the medical help or advice you needed?"	IV	Process	Patient survey	8	1.11	7	0.56
4 (*N*)	The primary care team should have a standardized and clear procedure for communicating with parents/families (eg, call-in hours, phone triage for questions, or provider call-back hours).	IV	Structure	Practice-based survey	9	1.00	8	1.56
5 (*N*)	The primary care team should have an established protocol that enables parents/families to access their child's medical record.	IV	Structure	Practice-based survey	8	1.33	8	1.78
6 (*N*)	The child's length/height and weight should be measured and documented at every well-child visit or note a reason for not doing so.	I	Process	Chart	8	1.11	8	1.11
7 (*N*)	If a child is 2 y or older, the child's BMI should be calculated and documented at every well-child visit or note a reason for not doing so.	I	Process	Chart	8	0.89	8	1.33
8 (*N*)	If a child is 3 y or older, the child's blood pressure should be measured and documented at every well-child visit or note a reason for not doing so.	I	Process	Chart	8	0.78	8	1.22
9 (*N*)	At the 4-y well-child visit, office-based vision screen should be performed and documented or note a reason for not doing so.	I	Process	Chart	8	1.11	8	1.11
10 (*N*)	At the 4-y well-child visit, office-based hearing screen should be performed and documented or note a reason for not doing so.	I	Process	Chart	8	1.11	8	1.11
11 (*N*)	The primary care team should administer annual influenza vaccination to all pediatric patients 6 mo and older, or note a reason for not doing so.	V	Process	Chart	8	1.44	6	1.56
12 (*N*)	The primary care team should document a discussion with parents about the child's dental health and/or referral to a dentist by the 15-mo well-child visit.	IV	Process	Chart	7	0.89	6	1.11
13 (*P*)	The primary care team should provide guidance on growth and nutrition: "In the last 12 months, did your child's primary care provider or his/her staff talk to you about your child's growth and nutrition?"	IV	Process	Patient survey	7	1.00	7	1.11
14 (*P*)	The primary care team should have administered 4 diphtheria-tetanus-acellular pertussis, 3 inactivated poliovirus, 1 measles-mumps-rubella, 3 *Haemophilus influenza* type b, 3 hepatitis B, 1 varicella-zoster virus, 4 pneumococcal conjugate, 2 hepatitis A, and 3 rota virus vaccines to all pediatric patients by 2 y of age, or note a reason for not doing so.	I	Process	Chart	9	0.33	8	0.56
Patient/Family-centered care								
1 (*P*)	Primary care provider should explain things in an easy-to-understand way: "In the last 12 months, how often did your child's primary care provider explain things about your child's health in a way that was easy to understand?"	V	Process	Patient survey	8	0.33	7	0.89

TABLE 2 Continued

Measure No.	Measure Text	LOE	Content Type	Data Source	Validity Median	Validity Disp.	Feasibility Median	Feasibility Disp.
2 (*P*)	The primary care team should actively involve patient or parent(s) in decision-making: "When there was more than one choice for your child's treatment or health care, how often did your child's primary care team ask which choice you thought was best for your child?"	V	Process	Patient survey	7	0.67	7	0.78
3 (*N*)	The clinic or medical home should have a formal process in which patient/parent-partner(s) can provide their perspective on family-centered strategies, practices and policies.	IV	Structure	Practice-based survey	7	1.11	8	0.78
4 (*P*)	The primary care team should describe treatment options adequately: "In the last 12 months, when there was more than one choice for your child's care, did your child's primary care team give you enough information about each choice?"	V	Process	Patient survey	7	0.89	6	0.78
5 (*N*)	The clinic or the medical home should obtain feedback from families regarding care through systematic methods (eg, surveys, focus groups, or interviews).	IV	Process	Practice-based survey	8	0.89	8	1.00
6 (*P*)	The primary care team should provide guidance on other support services: "Does your child's primary care team suggest support services and resources outside of the practice when specific needs arise (eg, diagnosis specific support groups, disability rights organizations)?"	IV	Process	Patient survey	8	1.00	7	0.67
7 (*N*)	The primary care team should document the need for interpretation services (if appropriate) when making referrals.	V	Process	Chart	8	1.00	7	1.33
8 (*P*)	The primary care provider should be sensitive to the family's cultural background and beliefs: "Do you think your child's primary care provider is sensitive to your family's cultural background and your beliefs about health?"	IV	Process	Patient survey	8	0.78	7	0.67
Chronic care								
1 (*N*)	The primary care team should work with the patient's family to specifically develop a management plan that includes visit schedules and communication strategies.	IV	Process	Chart	8	1.44	5	1.78
2 (*N*)	The primary care team should document counseling about nutrition when a child's BMI is ≥85 percentile for age and gender or note a reason for not doing so.	III	Process	Chart	8	1.00	7	1.56
Coordination of care								
1 (*N*)	The primary care team or the medical home should track laboratory tests and referrals to subspecialists.	V	Process	Practice-based survey	8	1.44	7	1.56
2 (*P*)	The primary care team should give timely referral to patients: "In the last 12 months, when your child needed a referral to a specialist, how often were you able to get the referral from your child's primary care provider?"	IV	Process	Patient survey	7	0.89	7	0.56
3 (*P*)	The primary care team should help patient/parent(s) coordinate care: "In the last 12 months, how often did you get as much help as you wanted with arranging or coordinating your child's care?"	V	Process	Patient survey	7	0.67	7	1.00
4 (*N*)	The clinic or medical home should have a designated person responsible for care coordination.	IV	Structure	Practice-based survey	8	1.33	8	2.11
5 (*P*)	The primary care team should follow-up with parents on visits to specialists: "How often did your child's primary care provider or staff talk with you about what happens during visits to a specialist doctor?"	III	Process	Patient survey	8	1.22	7	1.00
6 (*N*)	At every visit, the primary care team should have the patient's medical record available.	IV	Process	Practice-based survey	9	1.56	7	2.11
7 (*N*)	The clinic should maintain a list (updated yearly) of children with special or complex health care needs with diagnoses.	IV	Process	Practice-based survey	8	1.89	7	1.33

TABLE 2 Continued

Measure No.	Measure Text	LOE	Content Type	Data Source	Validity Median	Validity Disp.	Feasibility Median	Feasibility Disp.
8 (*N*)	The primary care team should clearly and specifically document if a patient has special or complex health care needs.	IV	Process	Chart	7	1.89	7	1.89
9 (*N*)	The primary care team should document in the chart about community-based services that the child and family use.	V	Process	Chart	7	1.00	7	1.44
Transition of care								
1(*N*)	When the patient is 16 y of age or older, the primary care team should document a discussion with patient or parent(s) on transitioning to adult health care providers.	V	Process	Chart	7	1.56	5	1.67
2 (*N*)	At the point of transfer, the primary care team should document the adult care provider that has been identified to eventually take over care.	V	Process	Chart	8	1.22	4	1.56

LOE, level of evidence based on 1 reviewer's grading using the Oxford Centre for Evidence-Based Medicine criteria; (*N*), new measure; (*P*), previously existing measure.

Measure # 74: Safety Net Medical Home Provider Experience Survey

Contact Information:

- Permission to include contact info not obtained.

Copyright Details:

- Copyright permission not obtained.

Additional Notes:

- All instrument items are available online at: http://www.commonwealthfund.org/Innovations/Tools/2012/Jan/~/media/Files/Innovations/Jan/3a%20%20Provider%20Experience%20Survey.pdf.

Measure # 75: Rhode Island Physician Health Information Technology Survey

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Rosa Baier, MPH
Senior Scientist
Healthcentric Advisors
235 Promenade Street Suite 500, Box 18
Providence, RI 02908
P: (401) 528-3205 F: 401-528-3210
Email: rbaier@healthcentricadvisors.org

Copyright Details:

Rhode Island Health Care Quality Performance (HCQP) Program

PHYSICIAN HIT SURVEY

This survey asks about physicians' use of health information technology (HIT) and should take less than 10 minutes to complete. The questions are intended for licensed physicians in active practice.

Instructions: Please answer the following questions based on your current practice.

SECTION A: Physician and Practice Information

1. **What is your name?** _____
   Last name *First name* *Middle Initial* *Degree(s)*

2. **Are you licensed in Rhode Island?**

   ☐1 No, and I am not licensed in any other state(s) ➔ *skip to Question 24 on page 6*

   ☐2 No, but I am licensed in another state(s)

   ☐3 Yes, and **my Rhode Island license information is:**

   a. **Rhode Island medical license number:** ___ ___ ___ ___

   b. **License type:** *(choose one)*

   ☐1 MD ☐2 DO ☐3 Other: *(please specify)* _____

3. **Aside from Rhode Island, are you licensed in any other state(s)?** *(circle all that apply)*

AL	CT	ID	LA	MS	NJ	OK	TX	WI
AK	DE	IL	ME	MO	NM	OR	UT	WY
AZ	DC	IN	MD	MT	NY	PA	VT	
AR	FL	IA	MA	NE	NC	SC	VA	
CA	GA	KS	MI	NV	ND	SD	WA	
CO	HI	KY	MN	NH	OH	TN	WV	

4. **Are you currently in active clinical practice (i.e., providing direct patient care services)?**

   ☐1 No ➔ *kip to Question 24 on page 6*

   ☐2 Yes, and **my <u>primary</u> specialty is:** (*select one*)

☐1 Anesthesia	☐8 OB/GYN	☐15 Radiation Therapy/Oncology
☐2 Ear, Nose, and Throat	☐9 Occupational Therapy	☐16 Radiology
☐3 Emergency Medicine	☐10 Orthopaedic Surgery	☐17 Rheumatology
☐4 Family Medicine	☐11 Pathology	☐18 Thoracic Surgery
☐5 General Surgery	☐12 Pediatrics	☐19 Urology
☐6 Internal Medicine	☐13 Psychiatry	☐20 Other: (*please specify*)
☐7 Neurology	☐14 Primary Care	_____

5. **How many hours per week do you spend in direct patient care?**

   ☐1 <10 hours ☐2 10-20 hours ☐3 >20 hours

6. **Do you plan to retire within the next five (5) years?** (*This information is confidential.)*

   ☐1 No

   ☐2 Yes

7. **What is your <u>main</u> practice's name and mailing address?** *By 'main practice,' we mean the practice where you spend the majority of the time you provide direct patient care.*

   _____
   Practice name

   _____
   Practice Address *Box/Suite*

   _____
   City/Town *State* *ZIP Code*

8. **How many colleagues are in your <u>main</u> practice?**

	Part-Time	Full-Time
Physicians:	_____	_____
Nurse practitioners:	_____	_____
Physician assistants:	_____	_____

SECTION B: Electronic Medical Records (EMR) Use*

9. **Does your <u>main</u> practice have EMR components?** *By 'EMR components,' we mean an integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc. (check all that apply)*

   ☐1 No ⟶

   a. **When does your <u>main</u> practice plan to implement an EMR?**

      ☐1 <1 year

      ☐2 1-2 years

      ☐3 3+ years

      ☐4 Don't know or no specific plans

   b. **Does another practice in which you provide direct patient care have EMR components?**

      ☐1 No

      ☐2 Yes ➔ *Please answer the remaining questions based on a single practice with EMR components.*

   ☐2 Yes

* EMR questions adapted with permission from: (1) Simon et al. Physicians and electronic health records: A statewide survey. *Arch Intern Med* 2007; 167: 507-512; and (2) Simon et al. Correlates of electronic health record adoption in office practices: A statewide survey. *J Am Med Inform Assoc* 2007; 14: 110-117.

10. **Please indicate the extent to which you consider each of the following to be a barrier to EMR implementation:**

	Not a barrier	Minor barrier	Major barrier
Access to technical support	☐1	☐2	☐3
Computer skills	☐1	☐2	☐3
Lack of uniform industry standards	☐1	☐2	☐3
Ongoing financial costs	☐1	☐2	☐3
Privacy or security concerns	☐1	☐2	☐3
Start-up financial costs	☐1	☐2	☐3
Technical limitations of systems	☐1	☐2	☐3
Training and productivity loss	☐1	☐2	☐3

Other (*please specify*): _____

_____

➔ *The following questions are for all physicians using EMRs, regardless of specialty. If you don't have an EMR in either your main practice or another practice, skip to Question 21 on page 5.*

11. **Please provide the following information about the EMR you use.** *If your main practice has an EMR, answer these questions based on your main practice. If your main practice does* not *have an EMR, answer them based on the practice with an EMR in which you spend the most time providing direct patient care.*

a. **What is your EMR vendor?**

☐1	Allscripts	☐8	GE Centricity	☐15	Practice Partner
☐2	Amazing Charts	☐9	Greenway	☐16	Sage - Intergy EHR
☐3	Athena Heath	☐10	Lighthouse MD	☐17	SOAPware
☐4	Cerner - PowerChart	☐11	McKesson Provider Tech.	☐18	Other: (*please specify*)
☐5	eClinicalWorks	☐12	Misys		_____
☐6	e-MD	☐13	Next Gen		
☐7	Epic Systems	☐14	Polaris - EpiChart		

b. **In which year did your practice install its EMR?** ___ ___ ___ ___

c. **Is the EMR Certification Commission on Health Information Technology (CCHIT) certified?**

☐1 No ☐2 Yes ☐3 Don't Know

12. **Did your practice receive financial or other incentives to implement an EMR?**

☐1 No ☐2 Yes ☐3 Don't Know

➔ *For the following questions, please indicate the percent of patients with whom you use these EMR functionalities when the functionalities are applicable to the patient or situation. Choose 'N/A' if your EMR does not have a particular EMR functionality.*

13. **Please indicate the extent to which you use this demographic functionality:**

	0%	<30%	30%-60%	>60%	N/A
Patient demographics (e.g., address, phone number, date of birth, gender)	☐1	☐2	☐3	☐4	☐5

14. **Please indicate the extent to which you use clinical documentation functionalities as patients are seen in your office:**

	0%	<30%	30%-60%	>60%	N/A
Electronic visit notes	☐1	☐2	☐3	☐4	☐5
Electronic lists of each patient's medication	☐1	☐2	☐3	☐4	☐5
Electronic problem lists	☐1	☐2	☐3	☐4	☐5
Patient clinical summaries for referral purposes	☐1	☐2	☐3	☐4	☐5

15. **Please indicate the extent to which you use clinical documentation functionalities when you are not in the office and need access to clinical information:**

	0%	<30%	30%-60%	>60%	N/A
Remote access to medication lists	☐1	☐2	☐3	☐4	☐5
Remote access to problem lists	☐1	☐2	☐3	☐4	☐5

16. **Please indicate the extent to which you use this interoperability functionality:**

	0%	<30%	30%-60%	>60%	N/A
Electronic referrals or clinical messaging (secure emailing with providers outside your office)	☐1	☐2	☐3	☐4	☐5

17. **Please indicate the extent to which you use these order management functionalities:**

	0%	<30%	30%-60%	>60%	N/A
Laboratory order entry	☐1	☐2	☐3	☐4	☐5
Medication order entry	☐1	☐2	☐3	☐4	☐5
Radiology order entry	☐1	☐2	☐3	☐4	☐5

18. **Please indicate the extent to which you use these reporting functionalities:**

	0%	<30%	30%-60%	>60%	N/A
Clinical quality measures (e.g., the percent of diabetics with a glycohemoglobin test)	☐1	☐2	☐3	☐4	☐5

	0%	<30%	30%-60%	>60%	N/A
Patients out of compliance with clinical guidelines (e.g., a list of women over age 50 without a recent mammogram)	☐1	☐2	☐3	☐4	☐5
Patients with a condition (e.g., diabetes), characteristic (e.g., men over age 60) or risk factor (e.g., obesity)	☐1	☐2	☐3	☐4	☐5

19. **Please indicate the extent to which you use these results management functionalities:**

	0%	<30%	30%-60%	>60%	N/A
Laboratory test results directly from lab via electronic interface	☐1	☐2	☐3	☐4	☐5
Scanned paper laboratory test reports	☐1	☐2	☐3	☐4	☐5
Radiology test results directly from facility via electronic interface	☐1	☐2	☐3	☐4	☐5
Scanned paper radiology test reports	☐1	☐2	☐3	☐4	☐5

20. **Please indicate the extent to which you use these other functionalities:**

	0%	<30%	30%-60%	>60%	N/A
Drug interaction warnings at the point of prescribing	☐1	☐2	☐3	☐4	☐5
Letters or other reminders directed at patients regarding indicated or overdue care	☐1	☐2	☐3	☐4	☐5
Prompts at the point of care, regarding indicated care specific to the patient's condition(s)	☐1	☐2	☐3	☐4	☐5

SECTION C: Electronic Prescribing (e-Prescribing) Use

21. **What percent of the time do you transmit prescriptions electronically to the pharmacy?** *(exclude faxing)*

☐1 **0%** ➔ *skip to Question 23, below*

☐2 **<30%**

☐3 **30%-60%**

☐4 **>60%**

22. **Do you transmit these prescriptions using an EMR?**

☐1 **No**

☐2 **Yes** ➔ *skip to Question 24 on page 6*

23. **Do you plan to transmit prescriptions using an EMR within the next 12 months?**

☐1 **No**

☐2 **Yes**

24. **Please use this space to provide additional comments:** _____

_____

_____

_____

_____

Thank you for taking the time to complete this survey.

Please visit the Rhode Island Department of Health's Health Care Quality Performance (HCQP) Program Web site to learn more about the state's public reporting efforts: http://www.health.ri.gov/chic/performance

Measure # 76: Primary Care Medical Home Option Self-Assessment Tool

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Laura Martinez
Senior Secretary of Publications and Education
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
P: (630) 792-5441 F: (630) 792-5005
Email: LMartinez@jcrinc.com

Copyright Details:

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Optional Self-Assessment for Primary Care Medical Home (PCMH) Certification for Ambulatory Health Care Centers

The following tool is a useful document that may be helpful to your ambulatory care practice as you pursue PCMH certification for your facilities. The tool assesses Elements of Performance (EPs) which are the actions, processes and structures that must be implemented to achieve the standard. These EPs are in addition to those required for your ambulatory care accreditation.

Survey Activity **line below each explanation indicates which activity within the survey should be addressed.**

If you would like to use this tool, you may find it most beneficial to consider all sites you are considering for PCMH certification.

✓ **Check "yes" when your organization believes it is in compliance with a question.**

✓ **Check "no" when your organization is not in compliance**

Based on your answers, your organization may be able to highlight areas where continued work needs to be completed in order to be in compliance with the standards..

I. OPERATIONAL CHARACTERISTIC: PATIENT-CENTEREDNESS

Focus Area A: Information to Patients about Primary Care Medical Home Certification

1. The organization **provides information to the patient** about: (indicate Yes or No to each item)

Yes No

☐ ☐ The mission, vision, and goals of the primary care medical home. *[RI.01.04.03/EP 1 (C)]*

Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access.

☐ ☐ The scope of care and types of services provided *[RI.01.04.03/EP 2(C)]*

☐ ☐ How the primary care medical home functions, including the following: *[RI.01.04.03/EP 3 (C)]*

- Processes supporting patient selection of a primary care clinician
- Involving the patients in his or her treatment plan
- Obtaining and tracking referrals
- Coordinating care
- Collaborating with patient-selected clinicians who provide specialty care or second opinions

☐ ☐ How to access the primary care medical home for care or information *[RI.01.04.03/EP 4 (C)]*

☐ ☐ Patient responsibilities, including providing health history and current medications, and participating in self-management activities *[RI.01.04.03/EP 5 (C)]*

☐ ☐ The patient's right to obtain care from other clinicians within the primary care medical home, to seek a second opinion, and to seek specialty care *[RI.01.04.03/EP 6 (C)]*.

YES at **all** sites_____ YES at **some** sites: ____ (list sites) NO ____
[Explain any items above that are Not Provided and identify sites]

Explanation: _____
_____
Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

Focus Area B: Designated Primary Care Clinician

1. **Each patient has a designated primary care clinician.** *[PC.02.01.01/EP 16 (C)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation

2. The organization **allows the patient to select his or her primary care clinician**. *[PC.02.01.01/EP 17 (A)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation

Focus Area C: Patient Involvement in Own Care Decisions

1. The organization **respects the patient's right to make decisions** about the management of his or her care. *[RI.01.02.01/EP 31 (A)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation

2. The interdisciplinary team **involves the patient in the development of his or her treatment plan**. *[PC.02.04.05/EP 11 (C)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. The interdisciplinary team **works in partnership with the patient** to achieve planned outcomes. *[PC.02.04.05/EP 9 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

4. The organization **respects the patient's right and provides the patient opportunity** to: *[RI.01.02.01/EP32 (A)]* (indicate Yes or No to each item)

Yes	No	
☐	☐	Obtain care from other clinicians of the patient's choosing within the primary care medical home
☐	☐	Seek a second opinion from a clinician of the patient's choosing
☐	☐	Seek specialty care

Note: This does not imply financial responsibility for any activities associated with these rights.

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

[Explain any items above that are marked No and include site names]

Explanation:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

Focus Area D: Patient Language & Communication Needs

1. The primary care clinician and the interdisciplinary team **identify the patient's oral and written communication needs**, including the patient's preferred language for discussing health care. *[PC.02.01.21/EP 1 (C)]*

Note: Communication need examples include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

2. The primary care clinician and the interdisciplinary team **communicate with the patient in a manner that meets the patient's oral and written communication needs**. *[PC.02.01.21/EP 2 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. The clinical **record contains the patient's communication needs**, including preferred language for discussing health care. *[RC.02.01.01/EP 30 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The organization **provides language interpreting and translation services**. *[RI.01.01.03/EP 2 (C/3)]*

Note: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person, via telephone or video. The documents translated and languages into which they are translated are dependent on the patient population.

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

5. The clinical **record contains the patient's race and ethnicity**. *[RC.02.01.01/EP 28 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

Focus Area E: Patient Education, Health Literacy, & Self-Management

1. The interdisciplinary team **identifies the patient's health literacy needs**. *[PC.02.02.01/EP 24 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

[Health literacy is the degree to which patients have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.]

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

2. The primary care clinician and the interdisciplinary team **incorporate the patient's health literacy needs into the patient's education.** *[PC.02.02.01/EP 25 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. Patient **self-management goals are identified** and incorporated into the patient's treatment plan. *[PC.01.03.01/EP 44 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____
_____
_____
_____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The primary care clinician and the interdisciplinary team **educate the patient on self-management tools and techniques** based on the patient's individual needs. *[PC.02.03.01/EP 28 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____
_____
_____
_____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Health Ctrs only)

5. The clinical **record includes the patient's self-management goals and the patient's progress** toward achieving those goals**.** *[RC.02.01.01/EP 29 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____
_____
_____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

II. OPERATIONAL CHARACTERISTIC: COMPREHENSIVENESS

Focus Area A: Expanded Scope of Responsibility

1. The organization manages transitions in care and **provides or facilitates patient access to:** *[PC.02.04.03/EP 1 (A)]*

   Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations.

   (Indicate Yes or No to each item)

Yes	No		Yes	No	
☐	☐	Acute care	☐	☐	Substance abuse treatment
☐	☐	Oral health care	☐	☐	Urgent and emergent care
☐	☐	Management of chronic care	☐	☐	Behavioral health needs
☐	☐	Preventive services that are age and gender-specific			

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   [Explain any items above that are marked No and include site names]

   Explanation:_____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation; Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

2. The organization provides care that **addresses various phases of a patient's lifespan,** including end-of-life care *[PC.02.04.03/EP 2 (A)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

3. The organization **provides disease and chronic care management** services *[PC.02.04.03/EP3 (A)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The organization **provides population-based care** *[PC.02.04.03/EP 4 (A)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

[Population-based care is the assessment, monitoring, and management of the health care needs and outcomes of identified groups of patients and communities, rather than individual patients. The goal is to improve the health of the population, increase awareness of behavior-related health risks, promote healthy lifestyles and patient self-management, and decrease health care inequities.]

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

Focus Area B: Team Membership & General Responsibilities

1. The organization **identifies the composition of the interdisciplinary team**. [PC.02.04.05/EP 1 (A)]

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Centers only)

2. The members of the interdisciplinary team **provide comprehensive and coordinated care, and maintain the continuity of care**. *[PC.02.04.05/EP 2 (A)]*

Note: The provision of care may include making internal and external referrals.

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

3. The primary care clinician and team members **provide care for a designated group of patients**. *[PC.02.04.05/EP 4 (A)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The interdisciplinary team **participates in the development of the patient's treatment plan**. *[PC.02.04.05/EP 8 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

5. The interdisciplinary team assesses patients for health risk behaviors. *[PC.02.04.05/EP 12 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

6. The interdisciplinary team **monitors the patient's progress** towards achieving treatment goals. *[PC.02.04.05/EP 10 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

III. OPERATIONAL CHARACTERISTIC: COORDINATION OF CARE

Focus Area A: Care Coordination

1. The primary care clinician is responsible for making certain that **the interdisciplinary team provides comprehensive and coordinated care, and maintains the continuity of care**. *[PC.02.04.05/EP 5 (A)]*
   Note: Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in providing care.

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care System Tracer, Clinical/staff Leadership Session (for BPHC-supported Centers only)

2. When a patient is referred to an external organization, the interdisciplinary team **reviews and tracks the care provided** to the patient. *[PC.02.04.05/EP 6 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer, Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

3. The interdisciplinary team **acts on recommendations from internal and external referrals** for additional care, treatment, or services. *[PC.02.04.05/EP 7 (C)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer, Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

4. The **clinical record contains information that promotes continuity of care** among providers. *[RC.01.01.01/EP 8 (C) 3]*

   Note: This requirement refers to care provided by both internal and external providers.

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____

   _____

   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation

---

IV. OPERATIONAL CHARACTERISTIC: SUPERB ACCESS TO CARE

Focus Area A: Enhanced Access to Services

1. The organization provides patients with **24 hours/day, 7 days/week access to**: *[PC.02.04.01/EP1 (A/3)]* (Indicate Yes or No to each item)

Yes	No	
☐	☐	Appointment availability/scheduling
☐	☐	Requests for prescription renewal
☐	☐	Test results
☐	☐	Clinical advice for urgent health needs

   Note: Access may be provided through different methods, such as phone, flexible hours, websites, and portals.

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   [Explain any items above that are marked No and include site names]

   Explanation: _____

   _____

   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

2. The organization **offers flexible scheduling** to accommodate patient care needs. *[PC.02.04.01/EP 2 (A)]*

   Note: This may include open scheduling, same day appointments, expanded hours, and arrangements with other organizations.

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____

   _____

   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

3. The organization has a **process to address patient urgent care needs 24 hours a day, 7 days a week.** *[PC.02.04.01/EP 3 (A/3)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health Centers only)

V. OPERATIONAL CHARACTERISTIC: SYSTEMS FOR QUALITY/SAFETY

Focus Area A: Health Information Technology (HIT) – Related

1. The organization **uses health information technology** to: *[PC.02.04.03/EP5 (A)]*

(Indicate Yes or No to each item)

Yes	No	
☐	☐	Support the continuity of care, and provision of comprehensive and coordinated care
☐	☐	Document and track care
☐	☐	Support disease management, including providing patient education
☐	☐	Support preventive care
☐	☐	Create reports for internal use and external reporting
☐	☐	Facilitate electronic exchange of information among providers
☐	☐	Support performance improvement

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

[Explain any items above that are marked No and include site names]

Explanation: _____

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer

2. The organization **uses an electronic prescribing** process. *[MM.04.01.01/EP 21 (A)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Medication Management System Tracer

3. The organization **uses clinical decision support tools** to guide decision making). *[PC.01.03.01/EP 45 (C)]*

[Clinical decision support is software designed to assist in clinical decision making. A clinical decision support system matches two or more characteristics of an individual patient to a computerized clinical knowledge base and provides patient-specific assessments or recommendations to the clinician. The clinician makes decisions based on clinical expertise, knowledge of the patient, and the information provided through the clinical decision support system. A clinical decision support system can be used at different points in the care process such as diagnosis, treatment, and post-treatment care, including the prediction of future events.]

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Medication Management System Tracer, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

Focus Area B: Performance Improvement – Related

1. The organization **collects data on: disease management outcomes.** *[PI.01.01.01/EP 40 (A)]*

YES for **all** sites_____ YES for **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

2. The organization **collects data on: patient access to care** within timeframes established by the organization. *[PI.01.01.01/EP 41 (A)]*

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

3. The organization **collects data on the following:** *[PI.01.01.01/EP 42 (A)]*
(Indicate Yes or No to each item)

Yes	No	
☐	☐	**Patient experience and satisfaction** related to access to care and communication.
☐	☐	**Patient perception of the comprehensiveness** of care.
☐	☐	**Patient perception of the coordination** of care.
☐	☐	**Patient perception of the continuity** of care.

YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

Site Name(s) and Comments: _____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

4. The organization **uses the data it collects** on the patient's experience and satisfaction related to access to care and communication, and the patient's perception of the comprehensiveness, coordination, and continuity of care *[PI.03.01.01/EP 11 (A)]*

   YES ____ (describe an example below) NO ____

   Examples and Comments: _____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer, Governing Board Session (for BPHC-supported Health Centers only)

5. Leaders **involve patients in performance improvement** activities. *[LD.04.04.01/EP 24 (A)]*

   Note: Patient involvement may include activities such as participating on a quality committee or providing feedback on safety and quality issues.

   YES _____ (describe how below) NO ____

   Examples and Comments: _____
   _____
   _____
   _____

   Survey Activity: Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

6. The interdisciplinary **team actively participates in performance improvement** activities. *[PC.02.04.05/EP13 (A)]*

   YES _____ (describe how below) NO ____

   Examples and Comments: _____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management system tracer, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

7. The organization **evaluates how effectively** the primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care. *[LD.01.03.01/EP 20 (A)]*

   YES _____ (describe how below) NO ____

   Examples and Comments: _____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health Centers only)

Focus Area C: Competency of Primary Care Clinician & Team

1. The **primary care clinician has the educational background** and broad-based knowledge and experience necessary to handle most medical needs of the patient and resolve conflicting recommendations for care. *[HR.03.01.01/EP 1 (A)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment, Clinical/staff Leadership Session (for BPHC-supported Health Centers only)

2. The primary care clinician and the interdisciplinary team members **function within their scope** of practice and in accordance with privileges granted. *[PC.02.04.05/EP 3 (A/3)]*

   YES at **all** sites_____ YES at **some** sites: _____(list sites) NO ____

   Site Name(s) and Comments: _____
   _____
   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment

ADDITIONAL COMMENTS

_____
_____
_____
_____
_____
_____

*Completed by:*_____ *Title:* _____

Date: _____

Measure # 77: Communication with Referring Physicians Practice Improvement Module (CRP-PIM)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Elizabeth Blaylock
Senior Vice President for Programs
American Board of Internal Medicine
510 Walnut Street, Suite 1700,
Philadelphia, PA, 19106
P: 215-446-4146
Email: eblaylock@abim.org

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Consultant-Referring Physician Rating Survey

The physician named below has selected you, as a referring physician, to answer the following questions about your experience with his or her consultation or specialty services. This is a voluntary survey that will provide valuable feedback to this physician as part of his or her Board Certification program. You are under no obligation to participate; however, your anonymous feedback will be greatly appreciated.

YOUR ANSWERS WILL BE CONFIDENTIAL. You do not have to provide any personal identifying information and the Board assures you that your confidentiality is preserved.

The questions in this survey relate to the physician named below. Although you may interact with other physicians in this physician's group practice, please answer the questions reflecting your experience with this specific physician.

IMPORTANT: Please do not mail this survey to the Board or to the Physician.
Your responses must be submitted via the Internet or the telephone in order for the consulting physician to receive credit.

USE A TOUCH-TONE PHONE (For U.S. Residents Only)
You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-888-591-3528**
- Enter the identification number for *Physician's Name Here*
  Physician's ID Number Here
- Answer the questions using the telephone key pad. You can have someone help you.

USE THE INTERNET (For U.S. and International Residents)

- Go to **http://survey.abim.org**
- Select "English"
- Enter the identification number for *Physician's Name Here*
  Physician's ID Number Here
- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the "Submit" button

Thank you very much.

The Consultant Physician

1. How long has this physician been a consultant to you?

1 Less than 6 months
2 At least 6 months but less than 1 year
3 At least 1 year but less than 3 years
4 At least 3 years but less than 5 years
5 5 years or more

2. In the last 12 months, how many times have you received a consultation from or made a referral to this physician?

1 1 to 4
2 5 to 9
3 10 to 20
4 21 to 50
5 51 to 99
6 100 or more

3. Which is this physician's most frequent role in the care of your patients?

1 Co-management of a chronic or acute condition (e.g., asthma, diabetes, cancer, etc.)
2 Transfer of care to this physician with the expectation that the physician will assume management for the patient.
3 An episode (one or more visits or hospitalizations) for diagnostic, invasive imaging, or treatment and return of the patient for follow-up with you.
4 Laboratory, procedural, or radiological testing which involves minimal or no contact with patients and provides an interpretation of findings for you to act upon.
5 Other

Contacting This Physician

4. In the last 12 months, when you contacted this physician for a routine consultation, how often did you get the help you needed?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

5. In the last 12 months, did you contact this physician with a consultation question that needed immediate attention?

1 Yes
2 No (skip to question #7)
3 Skip this question (skip to question #7)

6. In the last 12 months, when you contacted this physician with a consultation question, that needed immediate attention, how often did you get help as soon as you needed it?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

7. In the last 12 months, how often did this physician accomplish what you needed for your patients?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

Communications From this Physician

8. In the last 12 months, did you receive advice or recommendations about further diagnostic or therapeutic actions you might take following the consultation?

1 Yes
2 No (skip to question #12)
3 Skip this question (skip to question #12)

9. In the last 12 months, how often did this physician give you clear instructions about what to do for your patients following the consultation?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

10. In the last 12 months, how often did communication with this physician improve your diagnostic and/or therapeutic approach to the problem for which you requested consultation?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

11. In the last 12 months, when there was more than one choice for diagnosis or treatment did this physician inform you of the pros and cons of each choice?

1 Definitely yes
2 Somewhat yes
3 Somewhat no
4 Definitely no
5 Not applicable
6 Skip this question

12. In the last 12 months, how often did this physician show respect for you as a colleague?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

13. In the last 12 months, did this consultant have direct interaction with the patients you referred?

1 Yes
2 No (skip to question #15)
3 Skip this question (skip to question #15)

14. In the last 12 months, how often have your patients said favorable things about this consultant's communication and interpersonal skills?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

Coordination of Care

15. In the last 12 months, did this physician initiate diagnostic or therapeutic actions that you did not expect or desire to be part of the consultation or referral request?

1 Yes
2 No (skip to question #17)
3 Skip this question (skip to question #17)

16. In the last 12 months, how often did this physician initiate additional diagnostic or therapeutic actions without informing you first?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

17. In the last 12 months, did this physician recommend that any of your patients receive further consultation or referral to another doctor?

1 Yes
2 No (skip to question #19)
3 Skip this question (skip to question #19)

18. In the last 12 months, how often did this physician refer a patient of yours to another doctor without informing you of the referral?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

19. In the last 12 months, did this physician obtain or perform blood tests, diagnostic imaging, or other diagnostic tests for your patients?

1 Yes
2 No (skip to question #21)
3 Skip this question (skip to question #21)

20. How often did you feel it took too long for the physician's office to inform you of the test results?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

Surgery or Invasive Procedures Done by this Physician

21. In the last 12 months, did this physician perform surgery or an invasive procedure on any of your patients?

1 Yes
2 No (skip to question #25)
3 Skip this question (skip to question #25)

22. In the last 12 months, did this physician or someone from the physician's office give you enough information about the surgery or invasive procedure before it was performed on your patients so you could help to advise your patients?

1 Definitely yes
2 Somewhat yes
3 Somewhat no
4 Definitely no
5 Skip this question

23 In the last 12 months, did you contact this physician after surgery or an invasive procedure to obtain information about follow-up care for your patients?

1 Yes
2 No (skip to question #25)
3 Skip this question (skip to question #25)

24. When you contacted this physician <u>after</u> surgery or an invasive procedure, did you get the information you needed to be able to advise your patients?

1 Definitely yes
2 Somewhat yes
3 Somewhat no
4 Definitely no
5 Skip this question

<u>Overall Rating of this Physician</u>

25. Using any number from 0 to 10, where 0 is the worst consultant physician possible and 10 is the best consultant physician possible, what number would you use to rate this physician?

<u>This Physician's Office Staff</u>

26. In the last 12 months, how often was the staff at this physician's office as helpful as you thought they should be?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

27. In the last 12 months, how often did the staff at this physician's office treat you with courtesy and respect?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

28. In the last 12 months, how often have your patients said favorable things about the communication and interpersonal skills of this physician's office staff?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

<u>About Your Referring Practices</u>

29. In the past 12 months, how often did you include a question and clinical summary when requesting a consultation or referral from this physician?

1 Never
2 Almost Never
3 Sometimes
4 Usually
5 Almost always
6 Always
7 Skip this question

30. In general, how would you rate your overall effectiveness in providing feedback to this consultant about the clinical services the consultant provided to your patients?

1 Poor
2 Fair
3 Good
4 Very good
5 Excellent
6 Skip this question

<u>About You</u>

31. Do you have a financial relationship with this physician?

1 Yes
2 No
3 Skip this question

32. What is your type of practice?

1 Solo practitioner
2 2 to 3 physician group
3 4 to 9 physician group
4 10 or more physician group
5 Other
6 Skip this question

33. In general, how would you rate your overall satisfaction with your current profession?

1 Poor
2 Fair
3 Good
4 Very good
5 Excellent
6 Skip this question

34. What is your age?

35. Are you male or female?

1 Male
2 Female
3 Skip this question

Measure # 78: Safe Transitions Best Practice Measures for Community Physician Offices

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Rosa Baier, MPH
Senior Scientist
Healthcentric Advisors
235 Promenade Street
Suite 500, Box 18
Providence, RI 02908
P: (401) 528-3205 F: 401-528-3210
Email: rbaier@healthcentricadvisors.org

Copyright Details:

Safe Transitions Best Practice Measures for Community Physician Offices

Healthcentric Advisors

Setting-specific process measures focused on cross-setting communication and patient activation, supporting safe patient care across the continuum

MEASURE SET:

Safe transitions best practice measures for community physician offices

MEASURES:

The best practice measures for community physician offices are seven (7) process measures:

1. Clinical information sent with emergency department (ED) referrals
2. Real-time verbal information provided to ED or hospital clinicians, if needed
3. Clinical information provided to ED or hospital clinicians, if needed
4. Confirmation of receipt of discharge information sent to hospital
5. High-risk patients contacted via phone after ED or hospital discharge
6. Follow-up visits conducted after patient discharge from the hospital
7. Medication reconciliation completed after ED or hospital discharge

PURPOSE:

The best practice measures are intended to improve provider-to-provider communication and patient activation during patient transitions between any two settings. Community physician offices can use these measures to evaluate performance and implement targeted improvement to: 1) improve partnerships with inpatient and outpatient providers, 2) improve patient experience and/or 3) reduce unplanned utilization.

Some of these processes are adapted from interventions proven to improve care transitions outcomes, such as hospital readmission, in the medical literature. Others are based on national campaigns and standards.

POPULATION:

Varies by measure, but generally includes patients currently in or recently discharged from the ED or the hospital

CARE SETTING:

Community physician offices

RECIPROCAL MEASURES:

In addition to the best practices for community physician offices, Healthcentric Advisors developed five (5) additional sets of setting-specific measures, for:

1. Emergency departments
2. Home health agencies
3. Hospitals
4. Nursing homes
5. Urgent care centers

NOTES:

Because these measures are intended to set minimum standards for all patients, no sampling guidelines are provided. Providers who cannot calculate the measures electronically may wish to implement a representative sampling frame to calculate performance on an ongoing basis.

Providers may also wish to implement small-scale pilots to measure baseline performance and implement targeted improvement strategies before expanding efforts facility wide.

For those seeking assistance, Healthcentric Advisors provides consultative services related to quality improvement, measurement and care transitions.

235 Promenade Street / Suite 500 / Box 18 / Providence, Rhode Island 02908 ·· Voice: 401.528.3200 / Fax: 401.528.3210 / healthcentricadvisors.org

MEASURE SET HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

LAST UPDATED:

14 June 2013

MEASURE:

Clinical information sent with emergency department (ED) referrals

MEASURE SET:

Safe transitions best practice measures for community physician offices (Best Practice #1)

MEASURE DESCRIPTION:

This measure estimates the frequency with which community physician offices send clinical information to the ED, when referring a patient for evaluation.

Timely and adequate information transfer is an important component of safe patient transitions between care settings and has been linked to improved patient experience and outcomes.[1] The Transitions of Care Consensus Conference recommends timely communication that includes both physicians (sending and receiving) involved in a patient's care.[1] Although information is sparse regarding communication from primary care providers to the ED, a summary of the literature by a Society of Hospital Medicine and Society of General Internal Medicine Task Force found that direct communication between primary care providers and hospital physicians occurs infrequently, in only 3%-20% of cases.[2] ED clinicians express a desire to have pertinent, up-to-date clinical information accompany arriving patients.

NUMERATOR:

Documentation of provision of clinical information and contact information by the referring physician's office either:

- At the time of patient referral for ED evaluation, or
- Within one hour of patient referral for ED evaluation, if the patient is referred following an after-hours or weekend phone call with the community physician.

DENOMINATOR:

All patients referred for ED evaluation by their community physician

EXCLUSIONS:

Patients whose care is supervised/directed by their community physician while in the ED

RISK ADJUSTMENT:

None – see exclusions

DEFINITIONS

Clinical information:	Verbal or written information that includes the main reason for referral to the ED, expectation, problem list, medication list and applicable labs or studies
Community physician:	Primary care provider (PCP) or specialist, such as cardiologist, who cares for the patient in an outpatient setting
Contact information:	Phone number that connects the ED to office staff who can address the ED clinician's clinical question
Patients referred for ED evaluation:	Patients sent to the ED by their community physician or another clinician in their physician's office for further evaluation of a clinical problem that may or may not lead to inpatient admission. This can occur either from the office or following a phone call during which the physician office directs the patient to the ED.

NOTES:

None

235 Promenade Street / Suite 500 / Box 18 / Providence, Rhode Island 02908 Voice: 401.528.3200 / Fax: 401.528.3210 / healthcentricadvisors.org

CLASSIFICATION:

National Quality Strategy Priorities:	Promoting effective communication and coordination of care
Actual or Planned Use:	Quality improvement with benchmarking; contracting; pay for performance
Care Setting:	Community physician office
Patient Condition:	Not applicable – all patients
Data Source:	Medical record or electronic audit trail
Level of Analysis:	Practitioner, unit, facility or community (e.g., health system or state)
Measure Type:	Process measure
Target Population:	All patients in the hospital for outpatient observation or an inpatient admission

MEASURE HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

MEASURE DEVELOPED:

2009

MEASURE LAST UPDATED:

14 June 2013

[1] Snow V, Beck D, Budnitz T, Miller DC, Potter J, Wears RL, et al. Transitions of Care Consensus Policy Statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians-Society of Academic Emergency Medicine. J Gen Intern Med. 2009; 24(8):971-6.
[2] Kripalani S, LeFevre F, Phillips CO, et al. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. *JAMA*. 2007;297(8):831–41.

MEASURE:

Real-time verbal information provided to emergency department or hospital clinicians, if needed

MEASURE SET:

Safe transitions best practice measures for community physician offices (Best Practice #2)

MEASURE DESCRIPTION:

This measure estimates the frequency with which community physician offices respond to ED and hospital clinicians' time-sensitive verbal requests for clinical information at the time of the initial call or within one hour.

Timely and adequate information transfer is an important component of safe patient transitions between care settings and has been linked to improved patient experience and outcomes, and the Transitions of Care Consensus Conference recommends timely communication that includes both physicians (sending and receiving) involved in a patient's care.[1] Although information is sparse regarding primary care providers' response to requests from the ED for information, a summary of the literature by a Society of Hospital Medicine and Society of General Internal Medicine Task Force found that direct communication between primary care providers and hospital physicians occurs infrequently, in only 3%-20% of cases.[2]

ED and hospital clinicians indicate that they often have difficulty reaching their patients' primary care providers, when they have a time-sensitive need for clinical information to inform patient care. Reasons may include: lack of information about the patient's primary care provider; lack of contact information, if the primary care provider is known; and the inability to get past the "gatekeeper" and speak directly with a clinician in a timely manner.

NUMERATOR:

Documentation that if an ED or hospital clinician called the community physician office, one of the following occurred:

- A conversation between the ED or hospital clinician and an outpatient staff member at the time of the initial call, or
- A return phone call from an office staff member within 1 hour of the ED or hospital clinician's phone call to the office

DENOMINATOR:

All patients whose care requires a phone call from the ED or hospital to the community physician's office for time-sensitive clinical conversations

EXCLUSIONS:

None

RISK ADJUSTMENT:

None

DEFINITIONS

Community physician:	The primary care provider (PCP) or specialist, such as cardiologist, who cares for the patient in an outpatient setting. This can include a primary care physician, specialist or mid-level practitioner, or be an office location, facility or clinic.
ED or hospital clinician:	Physician, nurse practitioner, physician's assistant or nurse who is taking care of the patient
Office staff member:	Clinical or clerical staff who can address the ED or hospital clinician's specific question
Time-sensitive clinical question:	Whether or not a patient's care "required" a conversation and in what timeframe is a subjective determination left to the ED or hospital clinician's discretion, with the understanding that outreach is intended to be limited to situations where information is needed to inform the patient's care

235 Promenade Street / Suite 500 / Box 18 / Providence, Rhode Island 02908 Voice: 401.528.3200 / Fax: 401.528.3210 / healthcentricadvisors.org

NOTES:

None

CLASSIFICATION:

National Quality Strategy Priorities:	Making care safer by reducing harm caused in the delivery of care Promoting effective communication and coordination of care
Actual or Planned Use:	Quality improvement with benchmarking; contracting; pay for performance
Care Setting:	Community physician office
Patient Condition:	Not applicable – all patients
Data Source:	Medical record or electronic audit trail
Level of Analysis:	Practitioner, unit, facility or community (e.g., health system or state)
Measure Type:	Process measure
Target Population:	All patients in the hospital for outpatient observation or an inpatient admission

MEASURE HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

MEASURE DEVELOPED:

2009

MEASURE LAST UPDATED:

14 June 2013

[1] Snow V, Beck D, Budnitz T, Miller DC, Potter J, Wears RL, et al. Transitions of Care Consensus Policy Statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians-Society of Academic Emergency Medicine. J Gen Intern Med. 2009; 24(8):971-6.
[2] Kripalani S, LeFevre F, Phillips CO, et al. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. *JAMA*. 2007;297(8):831–41.

MEASURE:

Clinical information provided to emergency department (ED) or hospital clinicians, if needed

MEASURE SET:

Safe transitions best practice measures for community physician offices (Best Practice #3)

MEASURE DESCRIPTION:

This measure estimates the frequency with which community physician offices respond to ED and hospital clinicians' requests for clinical information within 2 hours of the request.

Timely and adequate information transfer is an important component of safe patient transitions between care settings and has been linked to improved patient experience and outcomes.[1] The Transitions of Care Consensus Conference recommends timely communication that includes both physicians (sending and receiving) involved in a patient's care.[1] Although information is sparse regarding primary care providers' response to requests from the ED for information, a summary of the literature by a Society of Hospital Medicine and Society of General Internal Medicine Task Force found that direct communication between primary care providers and hospital physicians occurs infrequently, in only 3%-20% of cases.[2] ED clinicians report difficulty obtaining outpatient clinical information to inform patient care.

NUMERATOR:

Documentation of the community physician office's provision of clinical information within 2 hours of ED or hospital request

DENOMINATOR:

All ED or hospital patients whose care requires ED or hospital clinician outreach to obtain outpatient clinical information

EXCLUSIONS:

Patients:

- Without a known PCP, or
- Who are followed by their community physician's office while in the ED or hospital

RISK ADJUSTMENT:

None – see exclusions

DEFINITIONS

Clinical information:	Verbal or written information that includes the information requested by the ED/hospital and may include clinical complaint/problem, main reason for referral to the ED, expectation, problem list, medication list and applicable labs or studies
Community physician:	The primary care provider (PCP) or specialist, such as cardiologist, who cares for the patient in an outpatient setting. This can include a primary care physician, specialist or mid-level practitioner, or be an office location, facility or clinic.
ED or hospital clinician:	Physician, nurse practitioner, physician's assistant or nurse who is taking care of the patient
Provision:	Via email, phone, fax, remote access to office medical record or other electronic means

NOTES:

None

235 Promenade Street / Suite 500 / Box 18 / Providence, Rhode Island 02908 Voice: 401.528.3200 / Fax: 401.528.3210 / healthcentricadvisors.org

CLASSIFICATION:

National Quality Strategy Priorities:	Making care safer by reducing harm caused in the delivery of care Promoting effective communication and coordination of care
Actual or Planned Use:	Quality improvement with benchmarking; contracting; pay for performance
Care Setting:	Community physician office
Patient Condition:	Not applicable – all patients
Data Source:	Medical record or electronic audit trail
Level of Analysis:	Practitioner, unit, facility or community (e.g., health system or state)
Measure Type:	Process measure
Target Population:	All patients in the hospital for outpatient observation or an inpatient admission

MEASURE HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

MEASURE DEVELOPED:

2009

MEASURE LAST UPDATED:

14 June 2013

[1] Snow V, Beck D, Budnitz T, Miller DC, Potter J, Wears RL, et al. Transitions of Care Consensus Policy Statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians-Society of Academic Emergency Medicine. J Gen Intern Med. 2009; 24(8):971-6.
[2] Kripalani S, LeFevre F, Phillips CO, et al. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. *JAMA*. 2007;297(8):831–41.

MEASURE:

Confirmation of receipt of discharge information sent to hospital

MEASURE SET:

Safe transitions best practice measures for community physician offices (Best Practice #4)

MEASURE DESCRIPTION:

This measure estimates the frequency with which community physician offices confirm receipt of the discharge information sent to them by the hospital.

Timely and adequate information transfer is an important component of safe patient transitions between care settings and has been linked to improved patient experience and outcomes.[1] The Transitions of Care Consensus Conference recommends timely communication that includes both physicians (sending and receiving) involved in a patient's care,[1] but a summary of the literature by a Society of Hospital Medicine and Society of General Internal Medicine Task Force found that direct communication between primary care providers and hospital physicians occurs infrequently, in only 3%-20% of cases.[2]

The Society of Hospital Medicine recommends that community physician offices confirm their receipt of discharge information.[3] This ensures that the hand-off between settings is complete.

NUMERATOR:

Documentation of the community physician office's confirmation of receipt of hospital discharge information

DENOMINATOR:

All patients discharged from the hospital

EXCLUSIONS:

Patients who:

- Are followed by their community physician while in the ED or hospital, or
- Are discharged to acute care, long-term care or skilled nursing.

RISK ADJUSTMENT:

None – see exclusions

DEFINITIONS

Confirmed receipt:	Communication back to the hospital to acknowledge that the office has received the discharge information that the hospital sent
Discharge information:	In accordance with the Safe Transitions Best Practice Measures for Hospitals, the hospital is required to provide, at minimum: the reason for hospitalization; significant findings; procedures performed and care, treatment and services provided to the patient; the patient's condition at discharge; information provided to the patient and family; a list of reconciled medications; a list of acute medical issues and pending tests and studies that require follow-up. This may be accomplished via written information, such as a standardized form, that includes: 1) a brief narrative of the hospital visit, or 2) a verbal hand-off between the hospital clinician and primary care provider.

NOTES:

None

235 Promenade Street / Suite 500 / Box 18 / Providence, Rhode Island 02908 Voice: 401.528.3200 / Fax: 401.528.3210 / healthcentricadvisors.org

CLASSIFICATION:

National Quality Strategy Priorities:	Promoting effective communication and coordination of care
Actual or Planned Use:	Quality improvement with benchmarking; contracting; pay for performance
Care Setting:	Community physician office
Patient Condition:	Not applicable – all patients
Data Source:	Medical record or electronic audit trail
Level of Analysis:	Practitioner, unit, facility or community (e.g., health system or state)
Measure Type:	Process measure
Target Population:	All patients in the hospital for outpatient observation or an inpatient admission

MEASURE HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

MEASURE DEVELOPED:

2009

MEASURE LAST UPDATED:

14 June 2013

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[1] Snow V, Beck D, Budnitz T, Miller DC, Potter J, Wears RL, et al. Transitions of Care Consensus Policy Statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians-Society of Academic Emergency Medicine. J Gen Intern Med. 2009; 24(8):971-6.
[2] Kripalani S, LeFevre F, Phillips CO, et al. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. *JAMA*. 2007;297(8):831–41.
[3] Project Better Outcomes for Older adults through Safer Transitions (BOOST). Available: www.hospitalmedicine.org/BOOST/, 11 Apr 2013.

MEASURE:

High-risk patients contacted via phone after emergency department (ED) or hospital discharge

MEASURE SET:

Safe transitions best practice measures for community physician offices (Best Practice #5)

MEASURE DESCRIPTION:

This measure estimates the frequency with which community physician offices call high-risk patients within 72 hours of patients' discharge from the ED or hospital.

Patients are at risk for poor outcomes and increased healthcare utilization if they: are over the age of 80 years; have cancer, chronic obstructive pulmonary disease or congestive heart failure; have polypharmacy (8+ medications); or have experienced a hospitalization in the previous 6 months.[1] This risk could be exacerbated by poor health literacy, stress and other factors, making it important for the patient's outpatient clinician to ascertain the patient's condition and their adherence to recommended care and follow-up quickly after a healthcare episode.

The follow-up phone call may be particularly important if the patient's scheduled follow-up visit does not immediately follow ED or hospital discharge, to preemptively catch any potential problems and to ensure that the patient knows that their primary care provider is now responsible for their care, and how they can outreach with questions.

NUMERATOR:

Documentation of a follow-up phone call within 72 hours of patient discharge from the ED or hospital

DENOMINATOR:

All patients discharged from the ED or hospital who are characterized as high-risk

EXCLUSIONS:

Patients who:

- Are followed by their community physician's office while in the ED or hospital,
- Are discharged to acute care, long-term care or skilled nursing,
- Refuse a follow-up phone call, or
- Have an outpatient follow-up appointment within 72 hours of ED or hospital discharge

RISK ADJUSTMENT:

None – see exclusions

DEFINITIONS

Follow-up phone call: An outpatient clinician phone call with the patient, family or informal caregiver (such as a family member) to assess the patient's condition and adherence to recommended care and to reinforce follow-up

High-risk patients: Patients with one or more of the following:

- Age 80 years or older,
- A diagnosis of cancer, chronic obstructive pulmonary disease or congestive heart failure,
- Polypharmacy (8+ medications), or
- A hospitalization in the previous 6 months

Outpatient clinician: Physician, nurse practitioner, physician assistant or nurse at the community physician's office, which can be an office location, facility or clinic

235 Promenade Street / Suite 500 / Box 18 / Providence, Rhode Island 02908 Voice: 401.528.3200 / Fax: 401.528.3210 / healthcentricadvisors.org

NOTES:

This measure can be met by completing BP #6: Percent of patients with follow-up visits conducted after discharge from the hospital.

CLASSIFICATION:

National Quality Strategy Priorities:	Promoting effective communication and coordination of care Ensuring that each person and family are engaged as partners in their care
Actual or Planned Use:	Quality improvement with benchmarking; contracting; pay for performance
Care Setting:	Community physician office
Patient Condition:	Not applicable – all patients
Data Source:	Medical record or electronic audit trail
Level of Analysis:	Practitioner, unit, facility or community (e.g., health system or state)
Measure Type:	Process measure
Target Population:	All patients in the hospital for outpatient observation or an inpatient admission

MEASURE HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

MEASURE DEVELOPED:

2009

MEASURE LAST UPDATED:

14 June 2013

[1] Project Better Outcomes for Older adults through Safer Transitions (BOOST). Available: www.hospitalmedicine.org/BOOST/, 11 Apr 2013.

MEASURE:

Follow-up visits conducted after patient discharge from the hospital

MEASURE SET:

Safe transitions best practice measures for community physician offices (Best Practice #6)

MEASURE DESCRIPTION:

This measure estimates the frequency with which community physician offices conduct office visits with patients discharged from hospital.

The post-hospital follow-up visit provides an opportunity for the community physician office to fully assume responsibility for patient care—which is transferred from the hospital to the office at the time of hospital discharge—and to ascertain the patient's condition and their adherence to recommended care and follow-up. The visit is also an opportunity to activate and engage patients and their informal caregivers (such as family) in their care and to prevent any worsening signs or symptoms from resulting in an avoidable ED visit or hospital admission.[1]

NUMERATOR:

Documentation of one of the following:

- A community primary care provider phone call to the patient or informal caregiver within 72 hours of discharge, or
- A follow-up appointment scheduled within 14 days of discharge (or the timeframe otherwise specified and documented in the hospital discharge instructions)

DENOMINATOR:

All patients discharged from the hospital

EXCLUSIONS:

Patients who:

- Are followed by their community physician's office while in the hospital,
- Are discharged to acute care, long-term care or skilled nursing, or
- Refuse a follow-up phone call and appointment.

RISK ADJUSTMENT:

None – see exclusions

DEFINITIONS

Community physician:	The primary care provider (PCP) or specialist, such as cardiologist, who cares for the patient in an outpatient setting. This can include a primary care physician, specialist or mid-level practitioner, or be an office location, facility or clinic.
Follow-up appointment scheduled:	A community physician office visit scheduled either by the ED or hospital or the community physician's office
Informal caregiver:	A person, such as a family member, who provides care and support to the patient
Outpatient clinician:	Physician, nurse practitioner, physician assistant or nurse at the community physician's office, which can be a primary care provider or specialist, and can be an office location, facility or clinic
Outpatient follow-up:	A phone call or office visit with an outpatient clinician from the community physician's office, which can be an office location, facility or clinic

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Phone call:	An outpatient clinician phone call with the patient, family, or caregiver to assess the patient's condition and adherence to recommended care and to reinforce follow-up

NOTES:

Patients discharged from the ED are not targeted by this measure for a number of reasons, including the fact that many patients self-refer to the ED (sometimes resulting in inappropriate ED utilization, for conditions that could have been addressed in an outpatient setting) and the fact that ED discharge disposition is highly variable (follow-up may not always be necessary or appropriate). Community physicians should use their discretion regarding the necessity of follow-up office visits for patients discharged from the ED.

This measure can be met for high-risk patients by completing BP #5: Percent of high-risk patients contacted via phone after ED or hospital discharge.

CLASSIFICATION:

National Quality Strategy Priorities:	Promoting effective communication and coordination of care Ensuring that each person and family are engaged as partners in their care
Actual or Planned Use:	Quality improvement with benchmarking; contracting; pay for performance
Care Setting:	Community physician office
Patient Condition:	Not applicable – all patients
Data Source:	Medical record or electronic audit trail
Level of Analysis:	Practitioner, unit, facility or community (e.g., health system or state)
Measure Type:	Process measure
Target Population:	All patients in the hospital for outpatient observation or an inpatient admission

MEASURE HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

MEASURE DEVELOPED:

2009

MEASURE LAST UPDATED:

14 June 2013

[1] Coleman EA. The post-hospital follow-up visit: A physician checklist to reduce readmissions. Available: http://www.chcf.org/publications/2010/10/the-post-hospital-follow-up-visit-a-physician-checklist, 11 Apr 2013.

MEASURE:

Medication reconciliation completed after emergency department (ED) or hospital discharge

MEASURE SET:

Safe transitions best practice measures for community physician offices (Best Practice #7)

MEASURE DESCRIPTION:

This measure estimates the frequency with which community physician offices perform medication reconciliation after their patients are discharged from the ED or hospital.

Studies demonstrate that medication errors or discrepancies are relatively common at hospital discharge (occurring among 14% of elderly patients) and are associated with a higher risk of poor outcomes and hospital readmission.[1] Guidelines for post-hospital office visits stress the importance of medication reconciliation to identity and resolve any medication problems, helping to ensure patient safety and prevent excess utilization.[2]

NUMERATOR:

Documentation that an outpatient clinician performed medication reconciliation within 14 days of ED or hospital discharge, either in-person at the office or via phone

DENOMINATOR:

All patients discharged from the ED or hospital

EXCLUSIONS:

Patients who are discharged to acute care, long-term care or skilled nursing

RISK ADJUSTMENT:

None – see exclusions

DEFINITIONS

Community physician:	The primary care provider (PCP) or specialist, such as cardiologist, who cares for the patient in an outpatient setting. This can include a primary care physician, specialist or mid-level practitioner, or be an office location, facility or clinic.
Informal caregiver:	A person, such as a family member, who provides care and support to the patient
Medication reconciliation:	The process of: 1) Reviewing the patient's discharge medication regimen (name, dose, route, frequency, and purpose), 2) Comparing the discharge medication regimen with what the patient is currently taking (including non-prescription medications), as well as with their prior medication regimen, to identify and resolve any discrepancies, and 3) Providing an updated list to the patient or informal caregiver (such as family).
Outpatient clinician:	Physician, nurse practitioner, physician assistant, nurse or certified nursing assistant at the community physician's office, which can be an office location, facility or clinic

NOTES:

In addition to performing medication reconciliation, the multi-disciplinary Transitions of Care Consensus Policy Statement also recommends that patients be provided with a medication list that is accessible (paper or electronic), clear and dated.[3] A checklist for post-hospital discharge office visits is also available and recommends that outpatient clinicians use a "teach back" mechanism to test patients' comprehension of their medications' purpose and instructions.[2]

Outpatient clinicians seeking to exceed the minimum standard set forth by this best practice may consider adopting medication reconciliation as an "always event" that is completed during every patient encounter, not only those immediately following ED or hospital utilization.

CLASSIFICATION:

National Quality Strategy Priorities:	Making care safer by reducing harm caused in the delivery of care Promoting effective communication and coordination of care
Actual or Planned Use:	Quality improvement with benchmarking; contracting; pay for performance
Care Setting:	Community physician office
Patient Condition:	Not applicable – all patients
Data Source:	Medical record or electronic audit trail
Level of Analysis:	Practitioner, unit, facility or community (e.g., health system or state)
Measure Type:	Process measure
Target Population:	All patients in the hospital for outpatient observation or an inpatient admission

MEASURE HISTORY:

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. The measures have since been updated.

This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (community physician offices) and their partners (e.g., EDs and hospitals) and stakeholders (e.g., state agencies and payors). This quality improvement process was deemed exempt by the Rhode Island Department of Health's Institutional Review Board. As a quality improvement project that incorporated local preference, these measures may not be generalizable to other states and regions, but can inform the development of local standards.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

MEASURE DEVELOPED:

2009

MEASURE LAST UPDATED:

14 June 2013

[1] Coleman EA, Smith JD, Raha D, Min SJ. Posthospital medication discrepancies: prevalence and contributing factors. *Arch Intern Med*. 2005; 165(16):1842–7.
[2] Coleman EA. The post-hospital follow-up visit: A physician checklist to reduce readmissions. Available: http://www.chcf.org/publications/2010/10/the-post-hospital-follow-up-visit-a-physician-checklist, 11 Apr 2013.
[3] Snow V, Beck D, Budnitz T, Miller DC, Potter J, Wears RL, et al. Transitions of Care Consensus Policy Statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians-Society of Academic Emergency Medicine. *J Gen Intern Med*. 2009; 24(8):971-6.

SELECTED SOURCES:

Safe transitions best practice measures for community physician offices

These measures were developed by Healthcentric Advisors, the Medicare Quality Improvement Organization for Rhode Island, using a multi-stage stakeholder consensus process. This process involved: 1) reviewing the medical literature (where it exists) and national campaigns and standards, 2) collecting input about community preferences, 3) drafting measures, and 4) and obtaining input (measure content and feasibility) and endorsement from the targeted provider group (hospitals) and their community partners (e.g., primary care providers) and stakeholders (e.g., state agencies and payors).

Selected sources from Steps #1 (the medical literature, national campaigns and standards) and #2 (community preferences) are below.

Author, Year	Discharge Setting	Intervention or Observation	Findings	Related Best Practice Measure for Community Physician Offices
Coleman et al., 2009[1]	Hospital	Provided a transitions coach to help improve patient education and self-management in the 30 days after hospital discharge	Using the Care Transitions Intervention (CTI) chronically ill hospitalized patients and their caregivers to take a more active role in their care reduced rates of hospital readmission. The coaching tenets include assessing patient comprehension and helping patients use a personal health record, understand their condition, perform medication reconciliation and undertake recommended follow-up.	5-7
Coleman, 2011[2]	n/a	Offers a proposed checklist for efficient communication and collaboration between inpatient and outpatient physicians after a hospital stay	Per the author, "the post-hospital follow-up visit presents an ideal opportunity for the primary care physician to prepare the patient and family caregiver for self-care activities and to head off situations that could lead to readmission." This issue brief provides a checklist for post-hospital follow-up with the primary care provider's office and incorporates tenets of Coleman's CTI model (above), such as medication reconciliation.	2,6-7
Community Preference (Rhode Island)	n/a	Incorporated community preference (and later, input and endorsement) into the development of the Safe Transitions Best Practice Measures for Hospitals	The multi-stage stakeholder consensus process allowed Healthcentric Advisors to ensure that all of the best practice measures addressed the local causes of poor transitions and were feasible within the local context.	1-3

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Author, Year	Discharge Setting	Intervention or Observation	Findings	Related Best Practice Measure for Community Physician Offices
Joint Commission, 2013[3]	Multiple	Developed "National Patient Safety Goals"	Along with other patient safety goals, the Joint Commission outlines expectations for medication reconciliation in the emergency department and hospital.	7
National Quality Forum, 2010[4]	Multiple	Includes 34 Safe Practices for Better Healthcare that have been demonstrated to be effective in reducing the occurrence of adverse healthcare events, including poor care transitions	The Safe Practices include recommendations for medication reconciliation and for discharge systems. Discharge systems must have: a "discharge plan" prepared for each patient at the time of hospital discharge, including a scheduled follow-up appointment; standardized communication that occurs between the inpatient and outpatient clinicians; and the confirmed receipt of summary clinical information by receiving providers.	1,4,7
Physician Consortium for Performance Improvement, 2009[5]	ED, hospital	Developed the "Care Transitions Performance Measurement Set (Phase I: Inpatient Discharges & Emergency Department Discharges)"	Multiple physician professional societies came together to identify and define quality measures for patients undergoing care transitions. For patients discharged from the hospital, suggested process measures included: 1) a transition record with specific minimum elements, 2) timely transmission of the transitions record, and 3) provision of medication reconciliation list to patients.	5-7
Society of Hospital Medicine,2008[6]	Hospital	A national initiative to improve the care of patients transitioning from the hospital to home	Project BOOST (Better Outcomes for Older adults through Safe Transitioning) is a Society of Hospital Medicine program that includes resources, tools and recommendations related to information flow between inpatient and outpatient providers and targeted patient intervention to improve satisfaction and reduce hospital readmission rates.	4-6

Author, Year	Discharge Setting	Intervention or Observation	Findings	Related Best Practice Measure for Community Physician Offices
Snow et al., 2009[7]	Multiple	Developed consensus policy statement about care transitions	Co-authored by many physician professional societies, including the Society of Hospital Medicine; establishes principles and standards for managing transitions, including timely communication among providers and patient involvement. Suggests establishing local and national standards for continuous quality improvement and accountability.	1-3,5-7

KEY:

1. Clinical information sent with emergency department (ED) referrals
2. Real-time verbal information provided to ED or hospital clinicians, if needed
3. Clinical information provided to ED or hospital clinicians, if needed
4. Confirmation of receipt of discharge information sent to hospital
5. High-risk patients contacted via phone after ED or hospital discharge
6. Follow-up visits conducted after patient discharge from the hospital
7. Medication reconciliation completed after ED or hospital discharge

REFERENCES:

[1] Coleman EA, Smith JD, Raha D, Min SJ. Posthospital medication discrepancies: prevalence and contributing factors. *Arch Intern Med*. Sep 12 2005;165(16):1842-1847.

[2] Coleman EA. The post-hospital follow-up visit: A physician checklist to reduce readmissions. Available: http://www.chcf.org/publications/2010/10/the-post-hospital-follow-up-visit-a-physician-checklist, 11 Apr 2013.

[3] Joint Commission. National patient safety goal on reconciling medication information (Jt. Comm). Available at: http://www.jointcommission.org/standards_information/npsgs.aspx. Accessed Jan 17, 2013.

[4] National Quality Forum. Safe Practices. 2010. Available: http://www.qualityforum.org/Projects/Safe_Practices_2010.aspx, 11 Apr 2013.

[5] ABIM Foundation, American College of Physicians, Society of Hospital Medicine, The Physician Consortium for Performance Improvement (PCPI). Care transitions performance measurement set (Phase I: Inpatient discharges & emergency department discharges). Available at: http://www.abimfoundation.org/News/ABIM-Foundation-News/2009/~/media/Files/PCPI%20Care%20Transition%20measures-public-comment-021209.ashx. Accessed Jan 17, 2013.

[6] Project Better Outcomes for Older adults through Safer Transitions (BOOST). Available: www.hospitalmedicine.org/BOOST/, 11 Apr 2013.

[7] Snow V, Beck D, Budnitz T, Miller DC, Potter J, Wears RL, et al. Transitions of Care Consensus Policy Statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians-Society of Academic Emergency Medicine. *J Gen Intern Med.* 2009; 24(8):971-6.

MEASURE INFORMATION:

Lynne Chase
Senior Program Administrator, Healthcentric Advisors
lchase@healthcentricadvisors.org or 401.528.3253

CONSULTING SERVICES:

Kara Butler, MBA, MHA
Senior Manager, Corporate Services, Healthcentric Advisors
kbutler@healthcentricadvisors.org or 401.528.3221

LAST UPDATED:

14 June 2013

Measure # 79: National Survey of Physicians Organizations and the Management of Chronic Illness II (NSPO-2)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Patricia Ramsay, MPH
Project Director, Shortell Research Projects
University of California, Berkeley
School of Public Health, Health Policy and Management Division
50 University Hall, MC 7360
Berkeley, CA 94720
P: (510) 643-8063
Email: pramsay@berkeley.edu

Copyright Details:

If you want to use all or part of this questionnaire, please contact Patty Ramsay (e-mail: pramsay@berkeley.edu; phone: 510/643-8063; mail: Patty Ramsay, University of California, SPH/HPM, 50 University Hall, Berkeley CA 94720-7360), requesting permission to use it with a brief statement about how you intend to use it. Thank you.

[GREEN]

National Survey of Physician Organizations and the Management of Chronic Illness II (Medical Groups)

NOT FOR EXTERNAL DISTRIBUTION OR USE IN ANY FORM

University of California, Berkeley
With the support of
The California HealthCare Foundation
The Commonwealth Fund
The Robert Wood Johnson Foundation

REVISED 12/06/2005

CASE ID |___|___|___|___|___|___|___|___|

FirstScr ********** First screen seen by interviewer
Dial telephone number and PRESS " 1 " to proceed

PRESS " 2 " if you are not going to dial this number

IF (ANS = 2) AAPOR = 5000

1. PROCEED TO NEXT QUESTION
2. No answer
3. Normal busy
4. Answering machine
5. Non-Working Number
6. Business Number
7. Fax/Modem/Data Line
8. Disconnected Number

INTRO1**********
Hello, my name is _____. May I speak with Dr. <<insert LAST>>?
SHOW LAST

1. Yes, speaking
2. Hold on
3. Wrong number

IF (ANS = 1) SKP

IF (ANS = 2) AAPOR = 3130
IF (ANS = 3) AAPOR = 3120
IF (ANS = 4) AAPOR = 2221
IF (ANS = 5) AAPOR = 4310
IF (ANS = 6) AAPOR = 4510
IF (ANS = 7) AAPOR = 4200
IF (ANS = 8) AAPOR = 4320

Interviewer Introduction Script

INTRO1**********
Hello, my name is _____. May I speak with Dr. <<insert LAST>>?
SHOW LAST

1. Yes, speaking
2. Hold on
3. Wrong number

IF NECESSARY - Dr./Mr./Ms. _____, my name is _____

I'm calling from Population Research Systems on behalf of the University of California Berkeley. We are conducting a national study of physician group practices. The study is being conducted with the support of grants from the Robert Wood Johnson Foundation, The Commonwealth Fund, and the California HealthCare Foundation. The study has received the

support or endorsement of major medical associations in the country. You should have already received a letter informing you that we would be calling you about this study. Did you receive the letter?

[IF NOT, DESCRIBE THE CONTENTS OF THE LETTER AND FAX A COPY IF HE/SHE REQUESTS IT].

This study will provide important information for all large medical groups and independent practice associations, or IPAs, in the U.S. At the end of the study, we will send you a summary feedback report that you can use to compare your organization with others around the country. We believe this information will be helpful to you in continuing to improve care for patients with chronic illness. The interview should take approximately 45 to 60 minutes of your time and you will receive $150 as a token of appreciation for completing the interview.

Please be assured that all data on individual medical groups and individual interview respondents will not be made public. The report that will be produced based on this information will not identify individual information, but will provide aggregate data across many physician and medical groups.

You have the right to refuse to participate. If you choose not to participate or to stop at any time, there will be no penalty. If you have any questions about the study, please call the PRS Project Director, Dr. Katrin Ewald, at 415-777-0707 or Dr. Robin Gillies at 510-643-8063, who is at the University of California at Berkeley.

Do you have any questions? If not, do you agree to be interviewed?
1. Yes
2. No
3. Callback (schedule callback)

Great! Before we start, I need to record some contact information. Can I please have your name?

Name: _____MD

Position of the respondent (e.g., President, Medical Director, etc.) _____

Name of Assistant/Secretary _____

Name of Physician Organization: _____

Address, this will also be the address where we will send the check to:
_____

City: _____, State _____ Zip _____ __

Phone Number: (_____)_____Fax Number (_____)_____

Email: _____

A. Background Information and History

Description of the organization

A1. Which of the following best describe your physician organization? One or more of the following may apply:
1. Medical group
2. Medical group that owns or manages an independent practice association (IPA)
3. IPA
4. IPA that owns or manages a medical group
5. Academic general internal medicine clinic
6. Academic family practice clinic
7. Academic general pediatrics clinic
8. Community clinic
9. Other (Specify _____)

[If A1=9 {"Other"}, please thank the respondent and terminate the interview. Only organizations that fit one of the first eight categories are eligible for inclusion in the study.]

[If A1=3, use IPA version of survey. Go to IPA survey, "" on page 4 (before A2)]**

[If A1=4, use IPA version of survey. Go to IPA survey, "" on page 4 (before A2)]**

[If A1=2, {"medical group that owns or manages an IPA"} tell respondent that unless otherwise indicated, responses to all future questions should be based <u>on the medical group only</u>, not on the owned or managed IPA.

A2. At the present point in time, approximately what is the total number of physicians practicing in your medical group across all its locations? (Please count both full and part-time)

[If A1=2 then state:]:

Please do not include physicians in your owned IPA in your measure of group size.
IF UNSURE: Please give me your best estimate

1. Enter total number of physicians _____
888. DK
999. REF

[If A2< 20, please thank the respondent and terminate the interview. Only organizations that have 20 or more physicians are eligible for inclusion in the study.]

*Do physicians in your group routinely treat patients **for** the following diseases? We are not asking whether your physicians see patients who **have** these diseases, but rather whether they routinely **treat** that particular disease.*

A3. asthma?
1. Yes
2. No
8. DK
9. REF

A4. congestive heart failure, or CHF?
1. Yes
2. No
8. DK
9. REF

A5. depression?
1. Yes
2. No
8. DK
9. REF

A6. diabetes?
1. Yes
2. No
8. DK
9. REF

[If A3, A4, A5, and A6 =2 {"No"} (do not treat any one of the four diseases), stop interview. Only organizations that treat one of more of these diseases are eligible for inclusion in the study.]

If A1=2, ask the respondent:

A7. You indicated that your medical group owns an IPA. Approximately what is the total number of physicians (both full-time and part-time) practicing in your owned IPA, not including those in the full-time medical group?
IF UNSURE: Please give me your best estimate

1. Enter total number of physicians _____
888. DK
999. REF

A8. Which ONE of the following three statements best describes your group?

1. It is mainly primary care physicians. [please consider primary care physicians to include family practitioners, general internists, general practitioners, and general pediatricians]
2. It is a multispecialty group that includes both specialists and primary care physicians.
3. It is mainly non-primary care specialists. [If response is 3, ask respondent "What is the main specialty in your group?" Record all specialties mentioned.]
8. DK
9. REF

A9. Is your group's patient population mainly adult, mainly pediatric, or both?

1. Mainly adult
2. Mainly pediatric
3. Both
8. DK
9. REF

A10. Does your medical group have a significant relationship with an IPA or an integrated delivery system or a physician hospital organization?

1. Yes
2. No
7. NA
8. DK
9. REF

If A10=1, state:"For simplicity, from now on when we say 'PHO' we mean either physician hospital organization or integrated delivery system.

A11. For approximately how many years has your group been in existence?

[Note to interviewer: If the respondent asks "What do you mean?" the interviewer should say "How long has your group, more or less as it is at present, been in existence?"]

1. Enter years ___
888. DK
999. REF

A12. Who is the primary owner of your medical group? **Please choose ONE** of the following**.**

1. Physicians in your group
2. Non-physician managers in your group
3. Hospital, hospital system or health care system
4. HMO or other insurance entity
5. Jointly owned (Specify)
6. Or, some other entity such as a governmental entity (Specify)
8. DK
9. REF

A13. Approximately what proportion of the physicians in your group is board-certified? Do not include board-eligible.
IF UNSURE: Please give me your best estimate

1. Enter percent _____
888. DK
999. REF

A14. At approximately how many different locations or addresses do your physicians practice?
[If a1=2 then state:]: Please do not include locations for physicians in your owned IPA.

1. Enter number of different locations _____
888. DK
999. REF

B. Information Systems

Now we are going to ask about your clinical information systems. We will read you a list of components of information systems. Does your group make available an electronic medical record that includes any of these components…

B1. ambulatory care progress notes?
1. Yes
2. No
8. DK
9. REF

Ask if B1=1:

B2. Are the majority of your physicians using the electronic record for progress notes?
1. Yes
2. No
8. DK
9. REF

B3. the patient's problem list?
1. Yes
2. No
8. DK
9. REF

Ask if B3=1:

B4. Are the majority of your physicians using the electronic record for the patient's problem list?

1. Yes
2. No
8. DK
9. REF

B5. the patient's allergies?

1. Yes
2. No
8. DK
9. REF

Ask if B5=1:

B6. Are the majority of your physicians using the electronic record for the patient's allergies?

1. Yes
2. No
8. DK
9. REF

B7. the patient's medications?

1. Yes
2. No
8. DK
9. REF

Ask if B7=1:

B8. Are the majority of your physicians using the electronic record for the patient's medications?

1. Yes
2. No
8. DK
9. REF

B9. automatic alerts of potential drug interactions?

1. Yes
2. No
8. DK
9. REF

Ask if B9=1:

B10. Are the majority of your physicians using the electronic record for potential drug interactions?

1. Yes
2. No
8. DK
9. REF

B11. decision support in the form of prompts or reminders at the time the physician is seeing the patient?

1. Yes
2. No
8. DK
9. REF

Ask if B11=1:

B12. Are the majority of your physicians using the electronic record for prompts and reminders?

1. Yes
2. No
8. DK
9. REF

B13. alerts about important abnormal test results at the time they are received?

1. Yes
2. No
8. DK
9. REF

Ask if B13=1:

B14. Are the majority of your physicians using for alerts on abnormal test results?

1. Yes
2. No
8. DK
9. REF

B15. Does your group access these electronic records to collect data for quality measures?

1. Yes
2. No
8. DK
9. REF

B16. Can a majority of your patients access any part of their electronic medical record online?

1. Yes
2. No
8. DK
9. REF

The next few questions ask if the MAJORITY of physicians in your group have electronic access to certain information and if so, whether the information is accessible within an individual patient's electronic record.
Do the majority of physicians in your group have electronic access…

B17. to clinical information on the patient's emergency room visits?

1. Yes
2. No
8. DK
9. REF

[Ask if B17 =1 {"Yes"}]

B18. And, is this accessible within an individual patient's electronic record?

1. Yes
2. No
8. DK
9. REF

B19. How about electronic access to hospital discharge summaries?

1. Yes
2. No
8. DK
9. REF

[Ask if B19 =1 {"Yes"}]

B20. And, is this accessible within an individual patient's electronic record?

1. Yes
2. No
8. DK
9. REF

B21. How about electronic access to laboratory results?

1. Yes
2. No
8. DK
9. REF

[Ask if B21 =1 {"Yes"}]

B22. And, is this accessible within an individual patient's electronic record?

1. Yes
2. No
8. DK
9. REF

B23. How about electronic access to radiology results?

1. Yes
2. No
8. DK
9. REF

[Ask if B23 =1 {"Yes"}]

B24. And, is this accessible within an individual patient's electronic record?

1. Yes
2. No
8. DK
9. REF

B25. How about electronic access to outpatient reports from specialist physicians?

1. Yes
2. No
8. DK
9. REF

[Ask if B25=1 {"Yes"}]

B26.And, is this accessible within an individual patient's electronic record?

1. Yes
2. No
8. DK
9. REF

B27. Finally, how about electronic access to a record of prescriptions filled by your patients?

1. Yes
2. No
8. DK
9. REF

[Ask if B27 =1 {"Yes"}]

B28. And, is this accessible within an individual patient's electronic record?

1. Yes
2. No
8. DK
9. REF

B29. Do the majority of your physicians have the ability to transmit prescriptions via computer or PDA to pharmacies?

1. Yes
2. No
8. DK
9. REF

B30. Would you say the majority of your physicians communicate with patients via e-mail....

1. on a daily basis
2. occasionally
3. never
8. DK
9. REF

C. Care Management and Clinical Practice

[If A1=2 remind respondent that unless otherwise indicated, responses to all questions should be based on medical group only, not on owned IPA.]

[Questions with "IPA or PHO" referent are asked only if A10=1 {"Yes"}.]

[If A3=2 {"No"} (do not treat asthma), exclude questions with "asthma" referent.]
[If A4=2 {"No"} (do not treat CHF), exclude questions with "CHF" referent.]
[If A5=2 {"No"} (do not treat depression), exclude questions with "depression" referent.]
[If A6=2 {"No"} (do not treat diabetes), exclude questions with "diabetes" referent.]

[On C1-C4, include choice 3 {"does an IPA or PHO provide you with a list"} below only if A10=1 {"Yes"}]

[On C1-C4, if choice 1 {"does your group maintain an electronic registry"} = "yes", skip choice 2 {" *does your group maintain a list of patients?*"}]

We'd like to ask you a few questions about how your group identifies patients with chronic illness. We will ask whether your group maintains a simple list of patients with a particular illness or whether your group maintains an electronic registry, defined as a list along with associated clinical data for each patient. We will also ask you whether an IPA, PHO, or health plan with which you contract provides you with a simple list of patients with the illness.

For each question, you can choose one or more of the responses. As I read each of them, please say yes or no.

C1. For a majority of your patients with asthma...

1. does your group maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your group maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does an IPA or PHO provide you with a patient list? Remember, when we say PHO we mean either a physician hospital organization or an integrated delivery system (1=Yes/2=No/8=DK/9=REF)
4. does one or more health plans provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)

C2. For a majority of your patients with CHF…

1. does your group maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your group maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does an IPA or PHO provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)
4. does one or more health plans provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)

C3. For a majority of your patients with depression…

1. does your group maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your group maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does an IPA or PHO provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)
4. does one or more health plans provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)

C4. For a majority of your patients with diabetes….

1. does your group maintain an electronic registry? (1=Yes/2=No/8=DK/9=REF)
2. does your group maintain a list of patients? (1=Yes/2=No/8=DK/9=REF)
3. does an IPA or PHO provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)
4. does one or more health plans provide you with a patient list? (1=Yes/2=No/8=DK/9=REF)

We will now ask you some questions whether the majority of physicians in your group use specific care processes in the treatment of a particular illness.

If A10=1, state: *For some of these care processes, we will also ask whether an IPA or PHO with which your group has a significant relationship uses that process.*

First, we would like to know whether your group provides the majority of your physicians with guideline-based reminders for services the patient should receive <u>for use at the time of seeing the patient</u>. An example would be a pop-up within an electronic medical record or a reminder attached to the front of the chart.

Does this happen for the group's patients with…

C5. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C6. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C7. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C8. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

We would like to know whether the majority of physicians in your group are provided feedback on the quality of the care they deliver to their patients with chronic illness.

[Include if A10=1 {"Yes"}] *We will first ask whether your group provides feedback to individual physicians. Then we will ask whether an IPA or PHO provides feedback to individual physicians within your group or to your group as a whole.*

Does your group provide data to your physicians on the quality of their care for patients with…

C9. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C10. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C11. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C12. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

[If A10=2 {"No"}, skip to C17]

Does an IPA or PHO provide data to your group's individual physicians and/or to your group as a whole on the quality of their care for patients with…

C13. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C14. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C15. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C16. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

Does your group routinely send reminders for preventive or follow-up care directly to a majority of patients with…

C17. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C18. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C19. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C20. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

[If A10=2 {"No"}, skip to C25]

Does an IPA or PHO routinely send reminders for preventive or follow-up care directly to a majority of patients with…

C21. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C22. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C23. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C24. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

Does your group make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your patients with:

C25. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C26. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C27. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C28. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

[If A10=2 {"No"}, skip to C33]

Does an IPA or PHO make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your patients with:

C29. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C30. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C31. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C32. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

We are interested in whether your group provides written materials that explain to patients the guidelines for recommended medical care for their illness - for example, retinal screening for diabetics. Does your group provide such written materials directly to patients with…

C33. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C34. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C35. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C36. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

[If A10=2 {"No"}, skip to C41]

Does an IPA or PHO provide written materials directly to your patients that explain the guidelines for recommended medical care for patients with…

C37. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C38. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C39. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C40. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

We are also interested in whether your group uses nurse care managers. By "nurse care manager" we mean a nurse whose primary job is to coordinate and improve the quality of care for patients with chronic diseases. We are not asking about nurses whose main task is inpatient utilization management – e.g. getting patients out of the hospital at the appropriate time.

[Include if A10=1 {"Yes"}] *We will first ask about your group and then ask about your main IPA or PHO.*

*Does your group provide **nurse care managers** for patients with severe…*

C41. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C42. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C43. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C44. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

[If A10=2 {"No"}, skip to C49]

*Does an IPA or PHO provide **nurse care managers** for your group's patients with severe…*

C45. asthma?
1. Yes
2. No
7. NA
8. DK
9. REF

C46. CHF?
1. Yes
2. No
7. NA
8. DK
9. REF

C47. depression?
1. Yes
2. No
7. NA
8. DK
9. REF

C48. diabetes?
1. Yes
2. No
7. NA
8. DK
9. REF

At the majority of your practice sites, does your organization use…:

C49. primary care teams, by which we mean a group of physicians and other staff who meet with each other regularly to discuss the care of a defined group of patients and who share responsibility for their care.
1. Yes
2. No
7. NA
8. DK
9. REF

C50. "advanced access" or "open access" scheduling that encourages your office staff to offer same-day appointments to virtually all patients who want to be seen.
1. Yes
2. No
7. NA
8. DK
9. REF

C51. group visits in which multiple patients with chronic illness meet together with a trained clinician to obtain routine medical care and to address educational and psychosocial concerns.
1. Yes
2. No
7. NA
8. DK
9. REF

C52. How familiar are you with the Chronic Care Model?
1. very familiar
2. slightly familiar
3. not familiar
8. DK
9. REF

C53. How familiar are you with the rapid cycle quality improvement strategy?
1. very familiar
2. slightly familiar
3. not familiar
8. DK
9. REF

[If C53=3 {"not familiar"}, skip to C55]

C54. Does your group use the rapid cycle quality improvement strategy?
1. Yes
2. No
7. NA
8. DK
9. REF

C55. Does your group participate in the effort to include involvement in quality improvement work as a criterion for board recertification of primary care physicians?

1. Yes
2. No
7. NA
8. DK
9. REF

D. Relationships with Health Insurance Plans

We have several questions for you regarding health insurance plan activities in chronic illness care. In answering these questions, please think about the major health plans that insure your patients.

Do any of these health insurance plans:

D1. provide data to physicians in your group on the quality of their care for patients with chronic illness?

1. Yes
2. No
8. DK
9. REF

D2. routinely send reminders for preventive or follow-up care directly to your group's patients with chronic illness?

1. Yes
2. No
8. DK
9. REF

D3. Make available non-physician staff (for example, health educators and nurses) that are specially trained and designated to educate patients in managing their illness to your group's patients with chronic illness?

1. Yes
2. No
8. DK
9. REF

D4. Provide written materials directly to patients that explain the guidelines for recommended medical care for their chronic illness - for example, retinal screening for diabetics?

1. Yes
2. No
8. DK
9. REF

D5. Provide nurse care managers for your group's patients with severe chronic illness? By "nurse care manager" we mean someone whose primary job is to coordinate and improve the quality of care for patients with chronic diseases. We are not asking about nurses whose main task is inpatient utilization management – – e.g. getting patients out of the hospital at the appropriate time.
1. Yes
2. No
8. DK
9. REF

D6. How familiar are you with the concept of "disease management" as provided by health plans or by disease management companies?
1. very familiar
2. slightly familiar
3. not familiar
8. DK
9. REF

[If D6=3 {"not familiar"}, skip to E1]

We have a few questions about your perceptions of how useful these health plan disease management programs are.

Again thinking about the major health insurance plans that insure your patients, please tell us to what extent you agree with each of the following statements. For each, please tell us whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree:

D8. Health plan disease management programs are effective in improving the quality of care for our patients with chronic illnesses.
1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
8. DK
9. REF

D9. Health plan disease management programs provide our group's physicians with useful information about individual patients with chronic illnesses.
1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
8. DK
9. REF

D10. Overall we have a collaborative working relationship with health plan disease management programs.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
8. DK
9. REF

E. Performance Incentives

We will next ask some questions about performance reporting and incentives.

Is your group evaluated by external entities such as health insurance plans on …

E1. measures of patient satisfaction?

1. Yes
2. No
7. NA
8. DK
9. REF

E2. measures of clinical quality such as HEDIS?

1. Yes
2. No
7. NA
8. DK
9. REF

E3. use of information technology?

1. Yes
2. No
7. NA
8. DK
9. REF

E4. During the past year, did your medical group or the individual physicians in the group receive any additional income based on measurement of performance on patient satisfaction?

1. Yes
2. No
8. DK
9. REF

E5. During the past year, did your medical group or the individual physicians in the group receive any additional income from health plans based on measures of clinical quality such as HEDIS?
1. Yes
2. No
8. DK
9. REF

E6. During the past year, did your medical group or the individual physicians in the group receive any additional income from health plans based on measurements of your performance of adoption or use of information technology?
1. Yes
2. No
8. DK
9. REF

[If E4, E5, and E6 ="No", skip to E9]

E7. Approximately what percent of your group's annual revenue did these additional payments for patient satisfaction, clinical quality and information technology constitute?
1. Enter percent ___
888. DK
999. REF

E8. How strong an incentive is this amount to influence behavior?
1. Very Strong
2. Strong
3. Weak
4. Not at all
8. DK
9. REF

E9. During the past year, did your group receive better contracts (for example, better payment, preferred status) with health plans for its performance on measurements of patient satisfaction and/or clinical quality?
1. Yes
2. No
8. DK
9. REF

E10. During the past year, did your medical group or the individual physicians in the group receive additional income from health plans based on efficient utilization of resources?
1. Yes
2. No
8. DK
9. REF

[If E10="No", skip to E13]

E11. What percent of your group's annual revenue did these additional payments for efficient utilization of resources constitute?

1. Enter percent ___
888. DK
999. REF

E12. How strong an incentive is this amount to influence behavior?

1. Very Strong
2. Strong
3. Weak
4. Not at all
8. DK
9. REF

At present or within the past year, has your group participated in any of the following quality demonstration programs:

E13. Bridges to Excellence?

1. Yes
2. No
8. DK
9. REF

E14. An IHI Quality Collaborative?

1. Yes
2. No
8. DK
9. REF

E15. Pursuing Perfection?

1. Yes
2. No
8. DK
9. REF

E16. Improving Chronic Illness Care (ICIC)

1. Yes
2. No
8. DK
9. REF

E17. Does your group participate in any <u>other</u> quality demonstration programs with any organization external to yours? (If yes, what is the name of that program?)

1. Yes
2. No
8. DK
9. REF

Now we are going to ask you about the financial impact of your group's investment in improving quality for chronic illness. In your most recently completed fiscal year did your group's investment in quality improvement, <u>if any</u>, have a positive financial impact, a negative financial impact, or neither for…

E18. asthma?
1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

E19. CHF?
1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

E20. depression?
1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

E21. diabetes?
1. No investment
2. Positive financial impact
3. Negative financial impact
4. No impact
8. DK
9. REF

F. Revenue Sources and Compensation Methods

Approximately what percent of your annual revenues for patient care come from each of the following major sources of insurance coverage: commercial health insurance, Medicare, Medicaid, other insurance such as workers' compensation, and no insurance or self-pay? These categories should add up to 100%. (interviewer instruction: please probe if it does not add to 100%)

F1. _____ Commercial health insurance
F2. _____ Medicare
F3. _____ Medicaid
F4. _____ Other insurance (e.g. workers' compensation)
F5. _____ No insurance (self-pay)
F6.____ Other
100%

8. DK
9. REF

Approximately what percent of your annual revenues come from each of the major types of insurance products: (1) Commercial HMO and POS, (2) Commercial PPO and indemnity insurance, (3) Medicaid managed care, and (4) Medicare managed care. These categories do not need to add up to 100%.

F7. _____ Commercial HMO and POS
F8. _____ Commercial PPO and indemnity insurance
F9. _____ Medicaid managed care
F10. _____ Medicare managed care

8. DK
9. REF

F11. In your most recently completed fiscal year, did your organization earn a surplus, break even, or incur a loss on its clinical services?
1. Earned a surplus
2. Broke even
3. Incurred a loss
8. DK
9. REF

During your most recent fiscal year, for approximately what percent of your group's HMO and POS patients did you accept some of the financial risk (e.g., capitation payment) for…

F12. primary care costs
F13. specialist costs
F14. hospital costs
8. DK
9. REF

[If A8=3 {"mainly non-primary care specialists"}, skip to F21]

We are now going to ask you some questions about how you pay your individual physicians. We are interested in what percent of compensation you pay them based on each of six categories:

1. *base salary, which we define as compensation not directly tied to patient visits or charges;*
2. *productivity, which is measured by patient visits or charges;*
3. *efficient utilization of resources;*
4. *patient satisfaction;*
5. *clinical quality of care; and*
6. *other categories.*

These categories should add up to 100%.

For the majority of your individual primary care physicians, what is the percent of total compensation from your group that is based on …

F15. base salary
F16. productivity
F17. efficient utilization of resources
F18. patient satisfaction
F19. clinical quality of care
F20. other factors (please specify what these other categories are)
8. DK
9. REF

[If A8=1 {"mainly primary care physicians"}, skip to G1]

For the majority of your individual specialty physicians what is the average percent of total compensation from your group that is based on …?

F21. base salary?
F22. productivity?
F23. efficient utilization of resources
F24. patient satisfaction
F25. clinical quality of care
F26. other factors (please specify what these other categories are)
8. DK
9. REF

G. Preventive Care and Health Promotion

Now we would like to ask you some questions about preventive care and health promotion.

G1. Does your group routinely administer a health risk assessment (HRA) protocol or questionnaire directly to patients to identify those who may benefit from counseling or other interventions to reduce their risk factors (do not include health history questionnaires)?

1. Yes
2. No
8. DK
9. REF

[If G1=2 {"No"}, skip to G4]

G2. Are the HRA questionnaire results given to the patient's physician?

1. Yes
2. No
8. DK
9. REF

G3. Are the HRA questionnaire results routinely used by your group to contact patients who are considered to be at risk?

1. Yes
2. No
8. DK
9. REF

Does your medical group routinely send reminders directly…

G4. to women over the age of 50 regarding mammograms?

1. Yes
2. No
7. NA (
8. DK
9. REF

G5. to high risk patients regarding flu shots?

1. Yes
2. No
7. NA
8. DK
9. REF

[If A6=2 {"No"}, skip to G7]

G6. to patients with diabetes regarding eye exams?
1. Yes
2. No
7. NA
8. DK
9. REF

Does your medical group offer patients an ongoing and systematic health promotion program in…

G7. nutrition?
1. Yes
2. No
8. DK
9. REF

G8. weight loss or management?
1. Yes
2. No
8. DK
9. REF

G9. physical activity?
1. Yes
2. No
8. DK
9. REF

G10. STD prevention?
1. Yes
2. No
8. DK
9. REF

G11. smoking cessation?
1. Yes
2. No
8. DK
9. REF

Does your group have a written or formal policy regarding treatment of tobacco dependence stating that your physicians should…

G12. implement a tobacco-user identification system in every practice?

1. Yes
2. No
7. NA
8. DK
9. REF

G13. document tobacco-use status in the medical record of every patient?

1. Yes
2. No
7. NA
8. DK
9. REF

G14. discuss with your group‘s patients who use tobacco their tobacco use, including advising them to quit?

1. Yes
2. No
7. NA
8. DK
9. REF

G15. provide information to your group’s patients about methods and strategies to quit, and/or giving them information about medications to aid in smoking cessation?

1. Yes
2. No
7. NA
8. DK
9. REF

G16. Does your group have designated staff to coordinate and provide tobacco dependence treatments?

1. Yes
2. No
7. NA
8. DK
9. REF

G17. Does your group receive financial incentives from HMOs to improve performance on HEDIS smoking measures?

1. Yes
2. No
7. NA
8. DK
9. REF

G18. Does your group evaluate the degree to which physicians provide smoking cessation interventions?

1. Yes
2. No
7. NA
8. DK
9. REF

G19. Has your group used the 2000 Clinical Practice Guideline for Treating Tobacco Use and Dependence published by the Public Health Service (PHS) to improve the way in which your group provides smoking cessation services?

1. Yes
2. No
7. NA
8. DK
9. REF

H. Organizational Culture

We have a few final questions about your group that we would like you to answer.

*To what extent do you believe that **the majority of the physicians** in your group would agree with each of the following four statements? Would the majority of the physicians in your group strongly agree, agree, neither disagree nor agree, disagree, or strongly disagree with each?*

H1. To what extent would they agree that the group is a lot like an extended family where people are warm, caring, and loyal; interested in developing each other's potential; and with a fair distribution of rewards.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H2. To what extent would they agree that the group is dynamic with people willing to try new things; an emphasis on being first; an emphasis on growth; with the most innovative ideas and actions being the most rewarded.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H3. To what extent would they agree that the group is very formalized and structured with an emphasis on rules and regulations, and maintaining stability; and with rewards based mostly on one's rank or position within the organization.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H4. To what extent would they agree that the group is very task-oriented and achievement-oriented with leaders helping people meet the organization's goals and objectives and with rewards primarily based on the achievement of those goals and objectives.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

*To what extent do you believe that **the majority of physicians** in your group would agree with each of the following statements? Would they strongly agree, agree, neither disagree nor agree, disagree, or strongly disagree with each?*

H5. To what extent would they agree that the group does a good job of assessing patient needs and expectations.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H6. To what extent would they agree that staff promptly resolve patient complaints.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H7. To what extent would they agree that patients' complaints are studied to identify patterns and prevent the same problems from recurring.
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H8. To what extent would they agree that the group uses data from patients to improve care.
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

H9. To what extent would they agree that the group uses data on patient expectations and/or satisfaction when developing new services.
1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
8. DK
9. REF

I. California questions

[If State=California, ask I1 –I37; else skip to end *]**

We have a number of questions that have been included in the study to evaluate the California Pay for Performance initiative. These should take about 5 more minutes.

I1. Does your group routinely profile the utilization of your physicians?
1. Yes
2. No
7. NA
9. DK

[If I1<>1 {"Yes"}, skip to I3]

I2. How long has your physician group routinely profiled the utilization of your own physicians?

1. For 1 year or less
2. 2-4 years
3. 5 or more years
4. We do not profile on this measure type
9. REF

I3. Does your group routinely profile patient satisfaction with your own physicians?

1. Yes
2. No
7. NA
9. DK

[If I3<>1 {"Yes"}, skip to I5]

I4. How long has your physician group routinely profiled patient satisfaction with your own physicians?

1. For 1 year or less
2. 2-4 years
3. 5 or more years
4. We do not profile on this measure type
8. DK
9. REF

I5. Does your group routinely profile the clinical quality of your physicians?

1. Yes
2. No
7. NA
9. DK

[If I5<>1 {"Yes"}, skip to I8]

I6. How long has your physician group routinely profiled the clinical quality of your own physicians?

1. For 1 year or less
2. 2-4 years
3. 5 or more years
4. We do not profile on this measure type
8. DK
9. REF

[If P4P<>1, then skip to I8]

I7. Are your profiling efforts for clinical quality limited to the Integrated Healthcare Association (IHA) Pay for Performance clinical measures or are they broader than that?

1. Limited to IHA
2. Broader than IHA
8. DK
9. REF

We would like to learn about your group's activities regarding producing physician specific quality performance reports.

Does your group provide physician-specific performance reports that you distribute to individual physicians for any of the following clinical quality indicators?

I8. percent of eligible patients who received childhood immunizations
1. Yes
2. No
7. NA
8. DK
9. REF

I9. percent of eligible patients who received cervical cancer screening (PAP smear)
1. Yes
2. No
7. NA
8. DK
9. REF

I10. percent of eligible patients who received breast cancer screening (mammography)
1. Yes
2. No
7. NA
8. DK
9. REF

I11. % of patients with persistent asthma that were prescribed appropriate medication
1. Yes
2. No
7. NA
8. DK
9. REF

I12. percent of patients who received LDL screening test after an acute cardiovascular event
1. Yes
2. No
7. NA
8. DK
9. REF

I13. percent of patients who had an acute cardiovascular event whose LDL level was below specified thresholds, for example under 130 or under 100
1. Yes
2. No
7. NA
8. DK
9. REF

I14. percent of patients with diabetes who had a hemoglobin A1c test
1. Yes
2. No
7. NA
8. DK
9. REF

I15. percent of patients with diabetes that is poorly controlled indicated by a hemoglobin A1c that is greater than 9
1. Yes
2. No
7. NA
8. DK
9. REF

I16. percent of women 16-25 years of age (identified as sexually active) who had at least one test for Chlamydia
1. Yes
2. No
7. NA
8. DK
9. REF

I17. Were group-level results performance reports for any of these specific clinical indicators distributed to individual physicians in your group?
1. Yes
2. No
7. NA
8. DK
9. REF

[If (F18+F19=0) and (F24+F25=0), then skip to I19]

I18. You previously indicated that your physician group pays cash compensation to individual physicians based on their quality performance in the area of patient satisfaction or clinical quality. How many years has your group been doing this?

1. Enter years _____
8. DK
9. REF

[If (E4, E5, E6, and E10 = "No"), then skip to I24]

You previously indicated that your physician group received financial incentive dollars in the past year based on performance criteria such as patient satisfaction or clinical quality of care. I'm going to name some broad categories, and I want you to tell me approximately what percent of the quality bonus money that your group received was allocated to the following categories. The total should add up to 100%.

I19. _____ Increased physician compensation
I20. _____ General overhead expenses
I21. _____ IT investment
I22. _____ Additional staff
I23. _____ Other (specify)
100%

8. DK
9. REF

I24. Based on the quality bonus dollars that your group received in the past year under pay for performance, has the return on investment (ROI) to your group been...

1. Positive
2. Neutral
3. Negative
8. DK
9. REF

I25. What percent of ongoing revenue, that is, percent of capitation, does pay for performance need to be in order to make the program a compelling motivator for your group?

1. Less than 3%
2. 3-5%
3. 6-10%
4. Greater than 10%
8. DK
9. REF

Using a scale of 1 to 5, where 1 is not effective, 3 is moderately effective, and 5 is very effective, please tell me from your own experience how effective you think each of the following approaches is in changing physician behavior to deliver better quality care.

I26. Financial incentives
1. Not Effective
2.
3. Moderately Effective
4.
5. Very Effective
8. DK
9. REF

I27. peer pressure (e.g., performance reports that compare a doctor's performance to other doctors in the group)
1. Not Effective
2.
3. Moderately Effective
4.
5. Very Effective
8. DK
9. REF

I28. public reporting of performance results
1. Not Effective
2.
3. Moderately Effective
4.
5. Very Effective
8. DK
9. REF

I29. system level assistance (e.g., information systems investment and support)
1. Not Effective
2.
3. Moderately Effective
4.
5. Very Effective
8. DK
9. REF

*Using a scale of 1 to 5, where 1 is not important, 3 is somewhat important, and 5 is very important, please tell me how important each of the following is as a **motivator** for quality improvement for your physician group.*

I30. Public accountability, that is, publicly available performance results?
1. Not important
2.
3. Somewhat important
4.
5. Very important
8. DK
9. REF

I31. Improving patient outcomes?
1. Not important
2.
3. Somewhat important
4.
5. Very important
8. DK
9. REF

I32. Increasing patient satisfaction?
1. Not important
2.
3. Somewhat important
4.
5. Very important
8. DK
9. REF

I33. Earning pay for performance incentive payments from health plans
1. Not important
2.
3. Somewhat important
4.
5. Very important
8. DK
9. REF

Using a scale of 1 to 5, where 1 is no barrier, 3 is a moderate barrier, and 5 is a great barrier, please tell me to what extent each of the following is a barrier to your physician group's quality improvement activities

I34. Time

1. No barrier
2.
3. Moderate barrier
4.
5. Great barrier
8. DK
9. REF

I35. Money and other resources to invest in staff, training, or equipment

1. No barrier
2.
3. Moderate barrier
4.
5. Great barrier
8. DK
9. REF

I36. Information systems

1. No barrier
2.
3. Moderate barrier
4.
5. Great barrier
8. DK
9. REF

I37. Knowledge and expertise

1. No barrier
2.
3. Moderate barrier
4.
5. Great barrier
8. DK
9. REF

****Thank you for your time. We will go ahead and send you the $150 check to the address you provided at the beginning of the interview.*

Once we have completed interviews with all of the participating physician organizations nationally, we will send you a summary feedback report that you can use for benchmarking and to compare your organization with others around the country.

Measure # 80: Patient-Centered Medical Home Assessment (PCMH-A) Tool

Contact Information:

- For questions regarding this measure and for permission to use it, contact:

Judith Schaefer, MPH
Research Associate
MacColl Center for Health Care Innovation
Group Health Research Institute
P: 206-287-2077
Schaefer.jk@ghc.org

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SAFETY NET MEDICAL HOME INITIATIVE

PATIENT-CENTERED MEDICAL HOME ASSESSMENT (PCMH-A)

Organization name

Site name

Date completed

QUALIS HEALTH

THE COMMONWEALTH FUND

GroupHealth

MacColl Center for Health Care Innovati

Introduction To The PCMH-A

The PCMH-A is intended to help sites understand their current level of "medical homeness" and identify opportunities for improvement. The PCMH-A can also help sites track progress toward practice transformation when it is completed at regular intervals.

The PCMH-A was developed by the MacColl Center for Health Care Innovation at the Group Health Research Institute and Qualis Health for the Safety Net Medical Home Initiative (SNMHI). The PCMH-A was extensively tested by the 65 sites that participated in the SNMHI, including federally qualified health centers (FQHCs), residency practices, and other settings, and is in use in a number of regional and national initiatives.

Before you Begin

Identify a multidisciplinary group of practice staff

We strongly recommend that the PCMH-A be completed by a multidisciplinary group (e.g., physicians, nurses, medical assistants, residents, other operations and administrative staff) in order to capture the perspectives of individuals with different roles within the practice and to get the best sense possible of 'the way things really work.' We recommend that staff members complete the assessment individually, and that you then meet together to **discuss the results**, produce a consensus version, and develop an action plan for priority improvement areas. We discourage sites from completing the PCMH-A individually and then averaging the scores to get a consensus score without having first discussed as a group. The discussion is a great opportunity to identify opportunities and priorities for PCMH transformation.

Have each site in an organization complete an assessment

If an organization has multiple practice sites, each site should complete a separate PCMH-A. Practice transformation, even when directed and supported by organizational leaders, happens differently at the site level. Organizational leaders can compare PCMH-A scores and use this information to share knowledge and cross-pollinate improvement ideas.

Consider where your practice is on the PCMH journey

Answer each question as honestly and accurately as possible. There is no advantage to overestimating or upcoding item scores, and doing so may make it harder for real progress to be apparent when the PCMH-A is repeated in the future. It is fairly typical for teams to begin the PCMH journey with average scores below "5" for some (or all) areas of the PCMH-A. It is also common for teams to initially believe they are providing more patient-centered care than they actually are. Over time, as your understanding of patient-centered care increases and you continue to implement effective practice changes, you should see your PCMH-A scores increase.

Check your computer to make sure you have Adobe Reader or Adobe Acrobat.

To complete this interactive PDF you will need Adobe Reader or Adobe Acrobat installed on your computer. Adobe Reader is free software, available here.

Directions for Completing the Assessment

1. Before you begin, please review the Change Concepts for Practice Transformation.

2. For each row, **click the point value** that best describes the level of care that currently exists in the site. The rows in this form present key aspects of patient-centered care. Each aspect is divided into levels (A through D) showing various stages in development toward a patient-centered medical home. The levels are represented by points that range from 1 to 12. The higher point values within a level indicate that the actions described in that box are more fully implemented.

3. **Review your subscale and overall score on page 14.** These subscale and overall scores are automatically calculated based on the responses entered. Average scores by Change Concept (subscale scores) and an overall average score are provided. Using the scores to guide you, discuss opportunities for improvement.

4. **Save your results** by clicking the "save" button at the end of the form. To clear your results, and retake the assessment, click on "clear" button at the end of the form.

SAVE CLEAR

PART 1: ENGAGED LEADERSHIP

1a. Provide visible and sustained leadership to lead overall culture change as well as specific strategies to improve quality and spread and sustain change.
1b. Ensure that the PCMH transformation effort has the time and resources needed to be successful.
1c. Ensure that providers and other care team members have protected time to conduct activities beyond direct patient care that are consistent with the medical home model.
1d. Build the practice's values on creating a medical home for patients into staff hiring and training processes.

Items	Level D	Level C	Level B	Level A
1. Executive leaders	…are focused on short-term business priorities. ☐ 2 3	…visibly support and create an infrastructure for quality improvement, but do not commit resources. ☐ 5 6	…allocate resources and actively reward quality improvement initiatives. ☐ 8 9	…support continuous learning throughout the organization, review and act upon quality data, and have a long-term strategy and funding commitment to explore, implement and spread quality improvement initiatives. 10 11 12
2. Clinical leaders	1 …intermittently focus on improving quality. ☐ 2 3	4 …have developed a vision for quality improvement, but no consistent process for getting there. ☐ 5 6	7 …are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving. ☐ 8 9	… consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes. 10 11 12
3. The organization's hiring and training processes	1 …focus only on the narrowly defined functions and requirements of each position. ☐ 2 3	4 …reflect how potential hires will affect the culture and participate in quality improvement activities. ☐ 5 6	7 …place a priority on the ability of new and existing staff to improve care and create a patient-centered culture. ☐ 8 9	…support and sustain improvements in care through training and incentives focused on rewarding patient-centered care. 10 11 12
4. The responsibility for conducting quality improvement activities	1 …is not assigned by leadership to any specific group. ☐ 2 3	4 …is assigned to a group without committed resources. ☐ 5 6	7 …is assigned to an organized quality improvement group who receive dedicated resources. ☐ 8 9	…is shared by all staff, from leadership to team members, and is made explicit through protected time to meet and specific resources to engage in QI. 10 11 12
	1	4	7	

Total Health Care Organization Score **0**

Average Score (Total Health Care Organization Score/4) **0.0**

PART 2: QUALITY IMPROVEMENT (QI) STRATEGY

2a. Choose and use a formal model for quality improvement.
2b. Establish and monitor metrics to evaluate improvement efforts and outcome; ensure all staff members understand the metrics for success.
2c. Ensure that patients, families, providers, and care team members are involved in quality improvement activities.
2d. Optimize use of health information technology to meet Meaningful Use criteria.

Items	Level D	Level C	Level B	Level A
5. Quality improvement activities	…are not organized or supported consistently. 1 2 3	…are conducted on an ad hoc basis in reaction to specific problems. 4 5 6	…are based on a proven improvement strategy in reaction to specific problems. 7 8 9	…are based on a proven improvement strategy and used continuously in meeting organizational goals. 10 11 12
6. Performance measures	…are not available for the clinical site. 1 2 3	…are available for the clinical site, but are limited in scope. 4 5 6	…are comprehensive—including clinical, operational, and patient experience measures—and available for the practice, but not for individual providers. 7 8 9	…are comprehensive—including clinical, operational, and patient experience measures—and fed back to individual providers. 10 11 12
7. Quality improvement activities are conducted by	…a centralized committee or department. 1 2 3	…topic specific QI committees. 4 5 6	…all practice teams supported by a QI infrastructure. 7 8 9	…practice teams supported by a QI infrastructure with meaningful involvement of patients and families. 10 11 12
8. An Electronic Health Record that supports Meaningful Use	…is not present or is being implemented. 1 2 3	… is in place and is being used to capture clinical data. 4 5 6	…is used routinely during patient encounters to provide clinical decision support and to share data with patients. 7 8 9	… is also used routinely to support population management and quality improvement efforts. 10 11 12
	1	4	7	

Total Health Care Organization Score **0**

Average Score (Total Health Care Organization Score/4) **0.0**

PART 3: EMPANELMENT

3a. Assign all patients to a provider panel and confirm assignments with providers and patients; review and update panel assignments on a regular basis.
3b. Assess practice supply and demand, and balance patient load accordingly.
3c. Use panel data and registries to proactively contact, educate, and track patients by disease status, risk status, self-management status, community and family need.

Items	Level D	Level C	Level B	Level A
9. Patients	…are not assigned to specific practice panels. 1 2 3	…are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes. 4 5 6	…are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes. 7 8 9	…are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand. 10 11 12
10. Registry or panel-level data	…are not available to assess or manage care for practice populations. 1 2 3	…are available to assess and manage care for practice populations, but only on an ad hoc basis. 4 5 6	…are regularly available to assess and manage care for practice populations, but only for a limited number of diseases and risk states. 7 8 9	…are regularly available to assess and manage care for practice populations, across a comprehensive set of diseases and risk states. 10 11 12
11. Registries on individual patients	…are not available to practice teams for pre-visit planning or patient outreach. 1 2 3	…are available to practice teams but are not routinely used for pre-visit planning or patient outreach. 4 5 6	…are available to practice teams and routinely used for pre-visit planning or patient outreach, but only for a limited number of diseases and risk states. 7 8 9	…are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states. 10 11 12
12. Reports on care processes or outcomes of care	…are not routinely available to practice teams. 1 2 3	…are routinely provided as feedback to practice teams but not reported externally. 4 5 6	…are routinely provided as feedback to practice teams, and reported externally (e.g., to patients, other teams or external agencies) but with team identities masked. 7 8 9	…are routinely provided as feedback to practice teams, and transparently reported externally to patients, other teams and external agencies. 10 11 12

Total Health Care Organization Score 0 Average Score (Total Health Care Organization Score/4) 0.0

PART 4: CONTINUOUS & TEAM-BASED HEALING RELATIONSHIPS

4a. Establish and provide organizational support for care delivery teams accountable for the patient population/panel.
4b. Link patients to a provider and care team so both patients and provider/care team recognize each other as partners in care.
4c. Ensure that patients are able to see their provider or care team whenever possible.
4d. Define roles and distribute tasks among care team members to reflect the skills, abilities, and credentials of team members.

Items	Level D	Level C	Level B	Level A
13. Patients are encouraged to see their paneled provider and practice team	…only at the patient's request.	…by the practice team, but is not a priority in appointment scheduling.	…by the practice team and is a priority in appointment scheduling, but patients commonly see other providers because of limited availability or other issues.	…by the practice team, is a priority in appointment scheduling, and patients usually see their own provider or practice team.
	1 2 3	4 5 6	7 8 9	10 11 12
14. Non-physician practice team members	…play a limited role in providing clinical care.	…are primarily tasked with managing patient flow and triage.	…provide some clinical services such as assessment or self-management support.	…perform key clinical service roles that match their abilities and credentials.
	1 2 3	4 5 6	7 8 9	10 11 12
15. The practice	…does not have an organized approach to identify or meet the training needs for providers and other staff.	…routinely assesses training needs and ensures that staff are appropriately trained for their roles and responsibilities.	…routinely assesses training needs, ensures that staff are appropriately trained for their roles and responsibilities, and provides some cross training to permit staffing flexibility.	…routinely assesses training needs, ensures that staff are appropriately trained for their roles and responsibilities, and provides cross training to ensure that patient needs are consistently met.
	1 2 3	4 5 6	7 8 9	10 11 12
	1	4	7	

Total Health Care Organization Score **0**

Average Score (Total Health Care Organization Score/3) **0.0**

PART 5: ORGANIZED, EVIDENCE-BASED CARE

5a. Use planned care according to patient need.
5b. Identify high risk patients and ensure they are receiving appropriate care and case management services.
5c. Use point-of-care reminders based on clinical guidelines.
5d. Enable planned interactions with patients by making up-to-date information available to providers and the care team at the time of the visit.

Items	Level D	Level C	Level B	Level A
16. Comprehensive, guideline-based information on prevention or chronic illness treatment	…is not readily available in practice. 1 2 3	…is available but does not influence care. 4 5 6	…is available to the team and is integrated into care protocols and/or reminders. 7 8 9	…guides the creation of tailored, individual-level data that is available at the time of the visit. 10 11 12
17. Visits	…largely focus on acute problems of patient. 1 2 3	…are organized around acute problems but with attention to ongoing illness and prevention needs if time permits. 4 5 6	…are organized around acute problems but with attention to ongoing illness and prevention needs if time permits. The practice also uses subpopulation reports to proactively call groups of patients in for planned care visits. 7 8 9	…are organized to address both acute and planned care needs. Tailored guideline-based information is used in team huddles to ensure all outstanding patient needs are met at each encounter. 10 11 12
18. Care plans	…are not routinely developed or recorded. 1 2 3	…are developed and recorded but reflect providers' priorities only. 4 5 6	…are developed collaboratively with patients and families and include self-management and clinical goals, but they are not routinely recorded or used to guide subsequent care. 7 8 9	…are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service. 10 11 12
19. Clinical care management services for high-risk patients	…are not available. 1 2 3	…are provided by external care managers with limited connection to practice. 4 5 6	…are provided by external care managers who regularly communicate with the care team. 7 8 9	…are systematically provided by the care manager functioning as a member of the practice team, regardless of location. 10 11 12

Total Health Care Organization Score: 0

Average Score (Total Health Care Organization Score/4): 0.0

PART 6: PATIENT-CENTERED INTERACTIONS

6a. Respect patient and family values and expressed needs.
6b. Encourage patients to expand their role in decision-making, health-related behaviors, and self-management.
6c. Communicate with their patients in a culturally appropriate manner, in a language and at a level that the patient understands.
6d. Provide self-management support at every visit through goal setting and action planning.
6e. Obtain feedback from patients/family about their healthcare experience and use this information for quality improvement.

Items	Level D	Level C	Level B	Level A
20. Assessing patient and family values and preferences	…is not done. ☐ 1 2 3	…is done, but not used in planning and organizing care. ☐ 4 5 6	…is done and providers incorporate it in planning and organizing care on an ad hoc basis. ☐ 7 8 9	…is systematically done and incorporated in planning and organizing care. 10 11 12
21. Involving patients in decision-making and care	…is not a priority. ☐ 1 2 3	…is accomplished by provision of patient education materials or referrals to classes. ☐ 4 5 6	…is supported and documented by practice teams. ☐ 7 8 9	…is systematically supported by practice teams trained in decision-making techniques. 10 11 12
22. Patient comprehension of verbal and written materials	…is not assessed. ☐ 1 2 3	…is assessed and accomplished by ensuring that materials are at a level and language that patients understand. ☐ 4 5 6	…is assessed and accomplished by hiring multi-lingual staff, and ensuring that both materials and communications are at a level and language that patients understand. ☐ 7 8 9	…is supported at an organizational level by translation services, hiring multi-lingual staff, and training staff in health literacy and communication techniques (such as closing the loop) ensuring that patients know what to do to manage conditions at home. 10 11 12

continued on page 10

PART 6: PATIENT-CENTERED INTERACTIONS (CONTINUED)

6a. Respect patient and family values and expressed needs.
6b. Encourage patients to expand their role in decision-making, health-related behaviors, and self-management.
6c. Communicate with their patients in a culturally appropriate manner, in a language and at a level that the patient understands.
6d. Provide self-management support at every visit through goal setting and action planning.
6e. Obtain feedback from patients/family about their healthcare experience and use this information for quality improvement.

Items	Level D	Level C	Level B	Level A
23. Self-management support	…is limited to the distribution of information (pamphlets, booklets). 1 2 3	…is accomplished by referral to self-management classes or educators. 4 5 6	…is provided by goal setting and action planning with members of the practice team. 7 8 9	…is provided by members of the practice team trained in patient empowerment and problem-solving methodologies. 10 11 12
24. The principles of patient-centered care	…are included in the organization's vision and mission statement. 1 2 3	…are a key organizational priority and included in training and orientation. 4 5 6	…are explicit in job descriptions and performance metrics for all staff. 7 8 9	…are consistently used to guide organizational changes and measure system performance as well as care interactions at the practice level. 10 11 12
25. Measurement of patient-centered interactions	…is not done or is accomplished using a survey administered sporadically at the organization level. 1 2 3	… is accomplished through patient representation on boards and regularly soliciting patient input through surveys. 4 5 6	… is accomplished by getting frequent input from patients and families using a variety of methods such as point of care surveys, focus groups, and ongoing patient advisory groups. 7 8 9	…is accomplished by getting frequent and actionable input from patients and families on all care delivery issues, and incorporating their feedback in quality improvement activities. 10 11 12

Total Health Care Organization Score **0**

Average Score (Total Health Care Organization Score/6) **0.0**

PART 7: ENHANCED ACCESS

7a. Promote and expand access by ensuring that established patients have 24/7 continuous access to their care team via phone, email or in-person visits.
7b. Provide scheduling options that are patient- and family-centered and accessible to all patients.
7c. Help patients attain and understand health insurance coverage.

Items	Level D	Level C	Level B	Level A
26. Appointment systems	…are limited to a single office visit type.	…provide some flexibility in scheduling different visit lengths.	… provide flexibility and include capacity for same day visits.	…are flexible and can accommodate customized visit lengths, same day visits, scheduled follow-up, and multiple provider visits.
	☐ 1 2 3	☐ 4 5 6	☐ 7 8 9	10 11 12
27. Contacting the practice team during regular business hours	…is difficult.	…relies on the practice's ability to respond to telephone messages.	…is accomplished by staff responding by telephone within the same day.	…is accomplished by providing a patient a choice between email and phone interaction, utilizing systems which are monitored for timeliness.
	☐ 1 2 3	☐ 4 5 6	☐ 7 8 9	10 11 12
28. After-hours access	...is not available or limited to an answering machine.	…is available from a coverage arrangement without a standardized communication protocol back to the practice for urgent problems.	…is provided by coverage arrangement that shares necessary patient data and provides a summary to the practice.	…is available via the patient's choice of email, phone or in-person directly from the practice team or a provider closely in contact with the team and patient information.
	☐ 1 2 3	☐ 4 5 6	☐ 7 8 9	10 11 12
29. A patient's insurance coverage issues	…are the responsibility of the patient to resolve.	…are addressed by the practice's billing department.	…are discussed with the patient prior to or during the visit.	…are viewed as a shared responsibility for the patient and an assigned member of the practice to resolve together.
	☐ 1 2 3	☐ 4 5 6	☐ 7 8 9	10 11 12

Total Health Care Organization Score **0**

Average Score (Total Health Care Organization Score/4) **0.0**

PART 8: CARE COORDINATION

8a. Link patients with community resources to facilitate referrals and respond to social service needs.
8b. Integrate behavioral health and specialty care into care delivery through co-location or referral protocols.
8c. Track and support patients when they obtain services outside the practice.
8d. Follow-up with patients within a few days of an emergency room visit or hospital discharge.
8e. Communicate test results and care plans to patients/families.

Items	Level D	Level C	Level B	Level A
30. Medical and surgical specialty services	…are difficult to obtain reliably.	…are available from community specialists but are neither timely nor convenient.	…. are available from community specialists and are generally timely and convenient.	…are readily available from specialists who are members of the care team or who work in an organization with which the practice has a referral protocol or agreement.
	1 2 3	4 5 6	7 8 9	10 11 12
31. Behavioral health services	…are difficult to obtain reliably.	…are available from mental health specialists but are neither timely nor convenient.	…are available from community specialists and are generally timely and convenient.	…are readily available from behavior health specialists who are on-site members of the care team or who work in a community organization with which the practice has a referral protocol or agreement.
	1 2 3	4 5 6	7 8 9	10 11 12
32. Patients in need of specialty care, hospital care, or supportive community-based resources	…cannot reliably obtain needed referrals to partners with whom the practice has a relationship.	…obtain needed referrals to partners with whom the practice has a relationship.	…obtain needed referrals to partners with whom the practice has a relationship and relevant information is communicated in advance.	…obtain needed referrals to partners with whom the practice has a relationship, relevant information is communicated in advance, and timely follow-up after the visit occurs.
	1 2 3	4 5 6	7 8 9	10 11 12

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PART 8: CARE COORDINATION (CONTINUED)

8a. Link patients with community resources to facilitate referrals and respond to social service needs.
8b. Integrate behavioral health and specialty care into care delivery through co-location or referral protocols.
8c. Track and support patients when they obtain services outside the practice.
8d. Follow-up with patients within a few days of an emergency room visit or hospital discharge.
8e. Communicate test results and care plans to patients/families.

Items	Level D	Level C	Level B	Level A
33. Follow-up by the primary care practice with patients seen in the Emergency Room or hospital	...generally does not occur because the information is not available to the primary care team. ☐ 1 2 3	…occurs only if the ER or hospital alerts the primary care practice. ☐ 4 5 6	…occurs because the primary care practice makes proactive efforts to identify patients. ☐ 7 8 9	…is done routinely because the primary care practice has arrangements in place with the ER and hospital to both track these patients and ensure that follow-up is completed within a few days. 10 11 12
34. Linking patients to supportive community-based resources	…is not done systematically. ☐ 1 2 3	…is limited to providing patients a list of identified community resources in an accessible format. ☐ 4 5 6	…is accomplished through a designated staff person or resource responsible for connecting patients with community resources. ☐ 7 8 9	…is accomplished through active coordination between the health system, community service agencies and patients and accomplished by a designated staff person. 10 11 12
35. Test results and care plans	…are not communicated to patients. ☐ 1 2 3	…are communicated to patients based on an ad hoc approach. ☐ 4 5 6	…are systematically communicated to patients in a way that is convenient to the practice. ☐ 7 8 9	…are systematically communicated to patients in a variety of ways that are convenient to patients. 10 11 12

Total Health Care Organization Score 0

Average Score (Total Health Care Organization Score/6) 0.0

SAVE CLEAR

Scoring Summary

Change Concept	Average Subscale Score
1. Engaged Leadership	0.0
2. Quality Improvement (QI) Strategy	0.0
3. Empanelment	0.0
4. Continuous and Team-Based Healing Relationships	0.0
5. Organized, Evidence-Based Care	0.0
6. Patient-Centered Interactions	0.0
7. Enhanced Access	0.0
8. Care Coordination	0.0
Average Program Score (Sum of Average Scores for all 8 Change Concepts/8)	0.0

What Does It Mean?

The PCMH-A includes 35 items and eight sections each scored on a 1 to 12-point scale. Scores are divided into four levels, A through D. The overall score is the average of the eight subscale or Change Concept scores. For each of the items, Level D scores reflect absent or minimal implementation of the key change addressed by the item. Scores in Level C suggest that the first stage of implementing a key change may be in place, but that important fundamental changes have yet to be made. Level B scores are typically seen when the basic elements of the key change have been implemented, although the practice still has significant opportunities to make progress with regard to one or more important aspects of the key change. Item scores in the Level A range are present when most or all of the critical aspect of the key change addressed by the item are well established in the practice. Average scores for each Change Concept, and for all 35 items on the PCMH-A, can also be categorized as Level D through A, with similar interpretations. That is, even if a few item scores are particularly low or particularly high, on balance practices with average scores in the Level D range have yet to implement many of the fundamental key changes needed to be a PCMH, while those with average scores in the Level A range have achieved considerable success in implementing the key design features of the PCMH as described by the Change Concepts for Practice Transformation.

Scoring Comparison to Legacy Versions of The PCMH-A

The 3.1 version of the PCMH-A includes two new items, which were identified as necessary to fully describe the key changes for PCMH transformation. The inclusion of these two new items impacts the subscale scores only for Patient-Centered Interactions and Quality Improvement Strategy. We found that only about 25% of SNMHI sites had meaningful differences in these two subscale scores. The overall score will be very similar and any slight difference will likely not be meaningful to the transformation work.

However, for sites that are interested in a one-to-one comparison over time, and have previously used versions 1.x or 2.x which did not include these items, we provide the following scores, which **remove Item 8 in Quality Improvement Strategy and Item 25 in Patient-Centered Interactions**.

Legacy Scoring Summary

Change Concept	Average Subscale Score
1. Engaged Leadership	0.0
2. Quality Improvement (QI) Strategy	0.0
3. Empanelment	0.0
4. Continuous and Team-Based Healing Relationships	0.0
5. Organized, Evidence-Based Care	0.0
6. Patient-Centered Interactions	0.0
7. Enhanced Access	0.0
8. Care Coordination	0.0
Average Program Score (Sum of Average Scores for all 8 Change Concepts/8) (does not include Item 8 or 25)	0.0

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For more information about this assessment, please contact
Judith Schaefer, MPH, at the MacColl Center for Health Care Innovation,
by calling 206-287-2077, or by emailing schaefer.jk@ghc.org.

Safety Net Medical Home Initiative

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The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S. For more information about the Safety Net Medical Home Initiative, refer to: www.safetynetmedicalhome.org.