**Description of the assessment**

**Purpose:**

The purpose of this assessment is to measure capacity in several domains that are important in the delivery of high-quality primary care. Your responses will be used to inform the PHASE evaluation and technical assistance.

**Audiences:**

1. A clinic site/health center can learn …
   1. Strengths
   2. Areas of opportunity for growth
2. A consortium/hospital system can learn …
   1. Relative strengths across clinic sites to find potential best practices
   2. Individual and common areas of opportunity in which to support clinic sites’ development
3. The PHASE Support Team (ST) can learn …
   1. Areas where clinics are excelling and potential bright spots to inform the learning collaborative
4. Common areas of opportunity in which to support grantees
5. Impact of the program on these capacities

**Data sharing:**

To support technical assistance, the PHASE ST will have access to data in which clinic/health centers are identifiable; however, any public-facing evaluation reports will focus on the overall program trends and will not identify individual grantees or clinic/health centers.

**Assessment questions:**

The assessment tool has been adapted from the Center for Excellence in Primary Care’s Building Blocks of Primary Care Assessment (which is a modification of the Patient-Centered Medical Home Assessment Tool, PCMH-A), Building Clinic Capacity for Quality’s Clinic Assessment, and the Center for Care Innovations Safety Net Analytics Program assessment.

**How to complete this assessment**

The survey is designed to assess organizational change in clinics implementing Kaiser Permanente’s PHASE program. **This assessment was intended to be used as an organizational-level assessment; teams should complete the assessment collaboratively.** The process outlined below is our recommendation. Grantees can make changes to this process based on what will work for their organization, but please inform us of any differences to the recommended process.

1. Grantee role (i.e., the organization funded by PHASE):

* **Identify the clinic(s)/health center(s) that are part of PHASE:**
  + For hospital systems, each clinic in the hospital system that is participating in PHASE should complete the assessment.
  + For consortia, each health center participating in PHASE is required to submit one completed assessment.
  + For health centers, each organization is required to submit one completed assessment.
  + **Facilitate debrief sessions with participating clinics/health centers:** A representative from the consortium or hospital system should try to attend the clinic/health center team meeting where they are discussing the assessment to ask probing questions and keep discussions on track (in-person or via phone).

1. Participating clinic role (hospital site or health center organization):

* **Identify the team:** A multi-disciplinary team should participate in the completion of the assessment. The individuals participating can be determined by the clinics/health centers but must be identified when the results are submitted. It is recommended that 4-6 people per clinic/health center participate in completing the assessment. **Recommended individuals are: Medical director, nurse manager, QI manager/lead, lead MA, and front desk staff.**
* **Complete the assessment**: Each individual should complete the assessment separately. For each row, mark the number that best corresponds to the level of care that is *currently* provided at your clinic/health center. The rows in this form present key aspects of patient-centered care. Each aspect is divided into levels showing various stages in development toward a patient-centered medical home. The stages are represented by points that range from 1 to 12. The higher point values at each level indicate that the actions described in that box are more fully implemented.
* **Discuss individual responses:** The individuals completing the assessment should then come together as a team to discuss their ratings and come to consensus on responses. If time does not permit discussion of each item, discussion can focus on areas where there was more variation in responses in order to reach agreement on rating for that item.
* **Submit your team’s response:** One member will enter the team’s responses into this Word document and submit responses to Center for Community Health and Evaluation (CCHE, the PHASE evaluation team) via emailto Jennie Schoeppe: **jennie.a.schoeppe@kp.org by Nov 30.**
  + Examples of how to submit scores: highlight in yellow the score in each row; change the font of the selected score to red; put an X in the box of the score. Submit only one score per question.

**How the results will be used**

CCHE will provide a report back to each PHASE grantee with the responses from each of their clinics/health centers. The report will include both aggregate data for the grantee, individual data for each clinic/health center reporting, and a comparison to the aggregate initiative score.CCHE will also providea high-level summary of strengths and opportunities for each grantee.

**Clinic information**

|  |  |
| --- | --- |
| PHASE grantee organization | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hospital site or health center organization | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of completion | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Team Members Completing the Assessment:**

|  |  |
| --- | --- |
| **Name** | **Role** |
|  |  |
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|  |  |
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**How did the team come to your scores?**

Was there a group discussion: \_\_\_\_\_\_No \_\_\_\_\_\_ Yes

If there was a discussion, was the group facilitated? \_\_\_\_\_\_No \_\_\_\_\_\_ Yes

If the group was facilitated, who facilitated it (name & organizational affiliation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did the group agree on each score? (check one)

\_\_\_ Consensus

\_\_\_ Took the average

**PHASE Building Block 1: Leadership & Culture**

|  | **Level D** | | | **Level C** | | | **Level B** | | | | **Level A** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Executive leaders | …are focused on short-term business priorities. | | | …visibly support and create an infrastructure for quality improvement, but do not commit resources. | | | …allocate resources and actively reward quality improvement initiatives. | | | | …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. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | 12 | |
| 2. Clinical leaders | …intermittently focus on improving quality. | | | …have developed a vision for quality improvement, but no consistent process for getting there. | | | …are committed to a  quality improvement  process, and sometimes engage teams in implementation and problem solving. | | | | …consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | | 12 |
| 3. All/most senior leaders | …have less than 3 years of experience their current positions and little to no previous clinical leadership experience. | | | …have less than 3 years in current position but have had substantial previous clinical leadership experience. | | | …have at least 3 years in current position **but less than 10 years** total clinic leadership experience. | | | | …have at least 3 years in current position and **more 10 years total** clinic leadership experience. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | | 12 |
| 4. Board members | … receive no regular reports on organizational QI activities. | | | … receive annual report on organizational QI activities. | | | … meet with organization’s QI team at least twice a year. | | | | … participate on Board QI committee that meets at least 3 times a year. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | | 12 |
| 5. Senior leaders (engagement) | …mainly work in their own offices and rarely interact with clinic staff around issues of strategy, quality, and patient satisfaction. | | | …intermittently focus on improving quality and occasionally interact with clinic staff on substantive issues but their time is usually taken up by administrative meetings. | | | … interact with front line staff around issues of strategy, quality, and patient satisfaction; however, leaders *don’t* have a strong sense of what’s working well at the clinic or recent challenges. | | | | …frequently interact with front line staff around issues of strategy, quality, and patient satisfaction. Leaders have a strong sense of both what’s working well at the clinic as well as recent challenges or issues. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | | 12 |
| 6. Major organizational initiatives | … include top-management only (often relying heavily on external consultants); clinic staff are rarely involved in these initiatives. | | | … planning and execution processes include representatives from *most* key players or departments; but clinic staff are often *not* involved. | | | … planning and execution processes are participatory and include key players or departments; clinic staff interests are valued & staff are sometimes involved. | | | | … planning and execution processes are participatory, include all departments and are team-oriented. Teams work together to align both clinical and administrative interests. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | | 12 |
| 7. Senior leadership (communication) | … often fails to have timely communication with managers, providers, and staff. | | | …discuss major issues with senior leaders and managers, but do not regularly present to providers and staff. | | | …discuss major issues with senior leaders and managers and then frequently present to providers and staff in an intentional way. | | | | …has systematic ways of communicating & engaging with managers, providers, staff, and the community in an ongoing way. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | | 12 |
| 8. Clinic staff | … tend to operate in silos with care teams, sites, and/or departments rarely communicating with each other. | | | … occasionally communicate across care teams, sites, and departments, but do not have a structured way for the communication to occur. | | | … have regular, structured communication across care teams, sites, and departments but do not regularly communicate ideas upward to managers and senior leaders. | | | | …have regular, structured communication across care teams, sites, departments, and senior leaders. Staff has a good rapport with each other and feels open to voicing and do voice concerns and improvement ideas upward to managers and senior leaders. | | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | 9 | 10 | 11 | | 12 |

**PHASE Building Block #2: Quality Improvement Infrastructure**

|  | **Level D** | | | **Level C** | | | **Level B** | | | **Level A** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9. The responsibility for conducting quality improvement activities | …is not assigned by leadership to any specific group. | | | …is assigned to a group without committed resources. | | | …is assigned to an organized quality improvement group who receive dedicated resources. | | | …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, and staff feel empowered to offer ideas. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 10. Quality improvement  activities | …are not organized or supported consistently. | | | …are conducted on an ad hoc basis in reaction to specific problems. | | | …are based on a proven improvement strategy in reaction to specific problems. | | | …are based on a proven improvement strategy and used continuously in meeting organizational goals. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11. Quality improvement  activities are conducted by | …a centralized committee or department. | | | …topic specific QI committees. | | | …all practice teams supported by a QI infrastructure. | | | …practice teams supported by a QI infrastructure (e.g., dedicated QI staff) with meaningful involvement of patients and families. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 12. Goals and objectives for quality improvement | …do not exist. | | | . …exist on paper, but are not widely known. | | | …are known by staff, but are only occasionally discussed in meetings. | | | …are the centerpiece of multidisciplinary  meetings aimed at developing strategies to meet objectives. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13. The clinic has worked on | …fewer than 3 quality and process improvement initiatives over the last three years. The clinic has seen very little or no improvements in efficiency or outcomes as a result of these projects. Staff that work on these improvement projects meet as needed. | | | … a few (<5) quality and process improvement initiatives over the last three years, but most projects have focused on improving operational efficiencies (cycle time, no show rates, workflows, etc.). Staff that work on these improvement projects meet monthly. A committee that oversees these all quality improvement projects meets quarterly. | | | …many (>5) quality and process improvement initiatives over the last three years, and can point to some improvements in clinical outcomes (e.g., screening/immunization rates, HbA1c, blood pressure, etc.). The project team(s) is/are currently working on 2+ improvement projects and meets every other week. A committee that oversees these efforts meets monthly to quarterly. | | | … many (>5) quality and process improvement initiatives over the last three years, has demonstrated improvements across multiple clinical outcomes, and has standardized many of these improvements across the organization. Staff working on current quality improvement efforts meet weekly, and a committee that oversees these efforts meets at least monthly. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

**PHASE Building Block #3: Data-based decision making**

|  | **Level D** | | | **Level C** | | | **Level B** | | | **Level A** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 14. Performance  measures | …are not available for the clinical site. | | | …are available for the clinical site, but are limited in scope. | | | …are comprehensive –  including clinical, operational, and patient experience measures – and available for the practice, but not for individual providers. | | | …are comprehensive – including clinical, operational, and patient experience measures – and fed back to individual providers. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 15. Reports on care  processes or outcomes  of care | …are not routinely available to practice teams. | | | …are routinely provided as feedback to practice teams but not reported externally. | | | …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. | | | …are routinely provided as feedback to practice teams, and transparently reported externally to patients, other teams and external agencies. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 16. Registry or panel level data | …are not available to assess or manage care for practice populations. | | | …are available to assess and manage care for practice populations, but only on an ad hoc basis. | | | …are regularly available to assess and manage care for practice populations, but only for a limited number of diseases and risk states. | | | …are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 17. Registries on  individual patients | …are not available to practice teams for pre-visit planning or patient outreach. | | | …are available to practice teams but are not routinely used for pre-visit planning or patient outreach. | | | …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. | | | …are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 18. An electronic health record that is  meaningful-use  certified | …is not present or being implemented. | | | …is in place and is being used to capture clinical data. | | | …is used routinely during patient encounters to provide clinical decision support and to share data with patients. | | | …is also used routinely to support population management and quality improvement efforts. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 19. Data and information | …are used mostly for retrospective reporting using historical data. Line staff has very little exposure to data for day-to-day decision making | | | …are available and used by department heads, but not uniformly required when making operational decisions or changing strategy. | | | …are used by managers, directors and department heads on a regular basis. Data are pushed down and across the organization and required to support business cases and key decisions. | | | …are used to drive decisions at all levels in the organization. Line staff knows how their day-to-day actions affect performance metrics and achievement of goals. Data literacy is a hallmark of the organization. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 20. Data quality | …is not a priority. Most efforts are focused on clean-up and individual intervention. | | | … reviews occur within selected teams, departments or sites but the efforts are usually one time efforts and not sustained on an ongoing basis. | | | …tracking reports are produced on a regular basis for departments. Data quality efforts occur regularly across the organization; common errors are assessed and training occurs to address them. | | | …measures (e.g., % accuracy) prioritize and inform ongoing data quality efforts and trace errors to individuals for training. Data collection and aggregation is highly automated with built-in data quality checks and exception reports. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 21. IT support and data services | … for analytics consists mainly of maintenance and support of database platforms that capture health record data (e.g., EHR, PM). Dedicated analytics systems or tools are limited in functionality and utility. | | | …for analytics includes support for reporting and data mining from existing systems and basic analytics support. Analysis tools are limited to spreadsheets and databases with limited functions for systematic reporting and advanced data analyses. Limited structures exist to prioritize data requests. | | | … has established analytics systems to support the needs of high priority areas, selected departments or sites and for some levels of staff (e.g., leadership only). Some structures and processes are in place to prioritize data requests and provide self-service access to reports and dashboards. | | | … include dedicated IT staff that are deployed to maintain and support optimization of analytics systems. Analytics systems interface with and leverage existing IT platforms, fully support organization data needs to build a data-driven culture with self-service analytics. Data governance processes are fully formed to guide the provision of data analytic services. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

**PHASE Building Block #4: Team-based care**

|  | **Level D** | | | **Level C** | | | **Level B** | | | **Level A** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 22. 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. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 23. Providers  (Physicians, NP/PAs)  and clinical support  staff | …work in different pairings every day. | | | …are arranged in teams but are frequently reassigned. | | | …consistently work with a small group of providers or clinical support staff in a team. | | | …consistently work with the same provider/ clinical support staff person almost every day. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 24. Workflows for  clinical teams | …have not been documented and/or are different for each person or team. | | | …have been documented, but are not used to standardize workflows across the practice. | | | …have been documented and are utilized to standardize practice. | | | …have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 25. 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 assures that staff are appropriately trained for their roles and responsibilities. | | | …routinely assesses training needs, assures that staff are appropriately trained for their roles and responsibilities, and provides some cross training to permit staffing flexibility. | | | …routinely assesses training needs, assures that staff are appropriately trained for their roles and responsibilities, and provides cross training to assure that patient needs are consistently met. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 26. Standing orders  that can be acted on by non-physicians under protocol | …do not exist for the practice. | | | …have been developed for some conditions but are not regularly used. | | | …have been developed for some conditions and are regularly used. | | | …have been developed for many conditions and are used extensively. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 27. The organization’s  hiring and training  processes | …focus only on the narrowly defined functions and requirements of each position. | | | …reflect how potential hires will affect the culture and participate in quality improvement activities. | | | …place a priority on the ability of new and existing staff to improve care and create a patient-centered culture. | | | …support and sustain improvements in care through training and incentives focused on rewarding patient-centered care. | | |
| Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

**PHASE Building Block #5: Panel/population management**

|  | **Level D** | | | | | | **Level C** | | | | | | | **Level B** | | | | | | | | | **Level A** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 28. Patients | …are not assigned to specific practice panels. | | | | | | …are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes. | | | | | | | …are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes. | | | | | | | | | …are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand. | | | | |
| Score | 1 | 2 | | 3 | | | 4 | 5 | | | | 6 | | 7 | | | 8 | | | | | 9 | 10 | | 11 | | 12 |
| 29. A patient who  comes in for an  appointment and is  overdue for preventive care (e.g., cancer  screenings) | …will only get that care if they request it or their provider notices it. | | | | | | …might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but this is inconsistently used. | | | | | | | …will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, but clinical assistants may not act on these overdue care items without patient specific orders from the provider. | | | | | | | | | …will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, and clinical assistants may act on these overdue care items (e.g., administer immunizations or distribute colorectal cancer screening kits) based on standing orders. | | | | |
| Score | 1 | | 2 | | | 3 | 4 | | 5 | | 6 | | | 7 | | 8 | | | 9 | | | | 10 | 11 | | 12 | |
| 30. A patient who  comes in for an  appointment and is  overdue for chronic  care (e.g., diabetes lab work) | …will only get that care if they request it or their provider notices it. | | | | | | …might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but this is inconsistently used. | | | | | | | …will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, but clinical assistants may not act on these overdue care items without patient specific orders from the provider. | | | | | | | | | …will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, and clinical assistants may act on these overdue care items (e.g., complete lab work) based on standing orders. | | | | |
| Score | 1 | | 2 | | 3 | | 4 | | | 5 | | | 6 | 7 | 8 | | | 9 | | | | | 10 | | 11 | | 12 |
| 31. When patients are overdue for preventive (e.g., cancer screenings) but do not come in for an appointment | …there is no effort on the part of the practice to contact them to ask them to come in for care. | | | | | | …they might be contacted as part of special events or using volunteers but outreach is not part of regular practice. | | | | | | | …they would be contacted and asked to come in for care, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider. | | | | | | | | | …they would be contacted and asked to come in for care, and clinical assistants may act on these overdue care items (e.g., distribute colorectal cancer screening kits) based on standing orders. | | | | |
| Score | 1 | 2 | | | 3 | | 4 | | | 5 | | | 6 | 7 | | 8 | | | | 9 | | | 10 | | 11 | | 12 |
| 32. When patients are overdue for chronic care (e.g., diabetes lab  work) but do not come in for an appointment | …there is no effort on the part of the practice to contact them to ask them to come in for care. | | | | | | …they might be contacted as part of special events or using volunteers but outreach is not part of regular practice. | | | | | | | …they would be contacted and asked to come in for care, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider. | | | | | | | | | …they would be contacted and asked to come in for care, and clinical assistants may act on these overdue care items (e.g., complete lab work) based on standing orders. | | | | |
| Score | 1 | 2 | | | 3 | | 4 | | | 5 | | | 6 | 7 | | 8 | | | | 9 | | | 10 | | 11 | | 12 |
| 33. Self-management  support | …is limited to the distribution of information (pamphlets, booklets). | | | | | | …is accomplished by referral to self-management classes or educators. | | | | | | | …is provided by goal setting and action planning with members of the practice team. | | | | | | | | | …is provided by members of the practice team trained in patient empowerment and problem solving methodologies. | | | | |
| Score | 1 | 2 | | | 3 | | 4 | | | 5 | | | 6 | 7 | | 8 | | | | 9 | | | 10 | | 11 | | 12 |
| 34. Clinical care  management  services for high risk patients | …are not available. | | | | | | …are provided by external care managers with limited connection to practice. | | | | | | | …are provided by external care managers who regularly communicate with the care team. | | | | | | | | | …are systematically provided by the care manager functioning as  a member of the practice team, regardless of location. | | | | |
| Score | 1 | 2 | | | 3 | | 4 | | | 5 | | | 6 | 7 | | 8 | | | | 9 | | | 10 | | 11 | | 12 |
| 35. Visits | …largely focus on acute problems of patient. | | | | | | …are organized around acute problems but with  attention to ongoing illness and prevention needs if time permits | | | | | | | …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. | | | | | | | | | …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. | | | | |
| Score | 1 | 2 | | | 3 | | 4 | | | 5 | | | 6 | 7 | | 8 | | | | | 9 | | 10 | | 11 | | 12 |

**Building Block #6: Patient-team partnership**

|  | **Level D** | | | | | **Level C** | | | | | **Level B** | | | | | | | **Level A** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 36. Involving patients in decision-making and care | …is not a priority. | | | | | …is accomplished by provision of patient education materials or referrals to classes. | | | | | …is supported and documented by practice teams. | | | | | | | …is systematically supported by practice teams trained in decision making techniques. | | |
| Score | 1 | 2 | | 3 | | 4 | 5 | | 6 | | 7 | | | 8 | | | 9 | 10 | 11 | 12 |
| 37. Comprehensive, guideline-based information on prevention or chronic illness treatment | …is not readily available in practice. | | | | | …is available but does not influence care. | | | | | …is available to the team and is integrated into care protocols and/or reminders. | | | | | | | …guides the creation of tailored, individual-level data that is available at the time of the visit. | | |
| Score | 1 | | 2 | | 3 | 4 | | 5 | | 6 | 7 | 8 | | | 9 | | | 10 | 11 | 12 |
| 38. Care plans | …are not routinely developed or recorded. | | | | | …are developed and recorded but reflect providers’ priorities only. | | | | | …are developed collaboratively with patients and families & include self-management and clinical goals, but they are not routinely recorded or used to guide subsequent care. | | | | | | | …are developed collaboratively, include self-management and clinical management goals, routinely recorded and guide care at every subsequent point of service. | | |
| Score | 1 | 2 | | | 3 | 4 | | 5 | | 6 | 7 | | 8 | | | 9 | | 10 | 11 | 12 |
| 39. After visit summaries | … are not provided or are just printed and handed to patients. | | | | | …are reviewed by a team member who repeats aloud key aspects of the care plan and may highlight them on a printed summary. | | | | | …are reviewed by a team member who asks the patient to describe in his/her own words the care plan (teachback). | | | | | | | …are reviewed by a team member who asks the patient to describe in his/ her own words the care plan (teachback) and guides the patient in making a personal action plan and identifying and addressing barriers to adherence to the plan. | | |
| Score | 1 | 2 | | | 3 | 4 | | 5 | | 6 | 7 | | 8 | | | 9 | | 10 | 11 | 12 |