#### Handout 2b

These questions will help you track how well your practice is implementing team-based care. Your answers will help you identify areas where your practice can continue to improve using the action steps and resources in this guide. You can repeat this assessment later to track your progress over time.

#### What Do Your Choices Mean?

- If you score in Level D in any area, your practice is just getting started and may want to review the resources page in that section of the guide to help you prepare for the key changes described there.
- If you score in Level C in any area, your practice is in the early stages of change and can benefit from the action steps and resources in that section of the guide.
- If you score in Level B in any area, your practice has implemented basic changes and can build upon your success with the action steps and resources in that section of the guide.
- If you scored in Level A in any area, your practice has achieved most or all of the important changes required. Congratulations! You can still use the actions steps and resources in that section of the guide to find new ways to improve.

This assessment was developed by the MacColl Center for Health Care Innovation at Group Health Research Institute. It is based on the PCMH-A measures created by MacColl in collaboration with Qualis Health for the <u>Safety Net Medical Home Initiative</u> and supplemented by measures developed by Dr. Tom Bodenheimer related to his "<u>10 Building Blocks of High-Performing Primary Care</u>."

### **The Practice Team**

	Components	Level D	Level C	Level B	Level A
1	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, and provide time, training, and resources to accomplish the work.
			4□ 5□ 6□	7 8 9	10 11 12
2	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 with meaningful involvement of patients and families.
		1 2 3	4 5 6	7 8 9	10 11 12
3	Staff other than PCPs	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
4	Clinical support staff	work with different providers every day.	are linked to providers in teams but are frequently reassigned.	consistently work with a small group of providers and staff in a team.	consistently work with the same provider(s) almost every day.
		1 2 3	4 5 6	7 8 9	10 11 12
5	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.
		1 2 3	4 5 6	7 8 9	10 11 12

6	The practice	does not have an organized	routinely assesses training	routinely assesses training	routinely assesses training
		approach to identify or meet	needs and encourages on-the-	needs, and ensures that staff	needs, ensures that staff are
		the training needs for	job training for staff needing	are appropriately trained for	appropriately trained for
		providers and other staff.	it.	their roles and	their roles and
				responsibilities.	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
7	Standing orders	do not exist for the practice	have been developed for	have been developed for	have been developed for
	that can be acted		some conditions but are not	some conditions and are	many conditions and are
	on by non-		regularly used.	regularly used.	used extensively.
	independent				-
	providers under				
	protocol	1 2 3	4 5 6	7 8 9	10 11 12

**Medical Assistant (MA)** 

	Components	Level D	Level C	Level B	Level A
8	MAs in our practice	mostly take vital signs and room patients.	perform a few clinical tasks beyond rooming patients such as reviewing medication lists or administering a PHQ- 2.	perform a few clinical tasks and collaborate with the provider in managing the panel (reviewing exception reports, making out-reach calls).	Collaborate with the provider in managing the panel, and play a major role providing preventive services, and services to chronically ill patients such as self-management coaching, or follow-up phone calls.
		1 2 3	4 5 6	7 8 9	10 11 12

Registered Nurse (RN)

9	RNs in our	are not part of the core	mostly triage phone calls and	Manage transitions within	Provide care management
	practice	practice team.	do injections or other	and across levels of care	for high risk patients and
			procedures.	(home care, hospital,	collaborate with providers in
				specialists). Provide specific	teaching and managing
				intensive care coordination	patients with chronic illness,
				and management to highest	monitoring response to
				risk patients.	treatment, and titrating
					treatment according to
					delegated order sets in
					independent nurse visits
		1 2 3	4 5 6	7 8 9	10 11 12

Layperson (Individuals without formal clinical training (e.g. Community Health Workers, Patient Navigators))

	Components	Level D	Level C	Level B	Level A
10	Laypersons in our	are not involved in clinical	mostly provide non-clinical	include individuals who do	perform the functions in
	practice	care.	patient-facing roles such as	one or more of the following:	Level B and are key
			reception or referral	provide self-management	members of core practice
			management.	coaching, coordinate care,	teams.
				help patients navigate the	
				health care system, or access	
				community services.	
		1 2 3	4 5 6	7 8 9	10 11 12

### Pharmacist

	Components	Level D	Level C	Level B	Level A
11	A pharmacist(s)	is not involved in our	oversees our dispensary but	is available to answer	works closely with the core
		practice.	is not much involved in	medication-related questions	practice team to review
			clinical care.	from providers and staff both	prescribing practices and
				directly and electronically.	proactively assist patients
					with medication related
					problems such as non-
					adherence, side effects and
					medication management
					challenges.
		1 2 3	4 5 6	7 8 9	10 11 12

**Enhancing Access** 

	Components	Level D	Level C	Level B	Level A
12	Patients are	only at the patient's request.	by the practice team, but is	by the practice team and is a	by the practice team, is a
	encouraged to see		not a priority in appointment	priority in appointment	priority in appointment
	their paneled		scheduling.	scheduling, but patients	scheduling, and patients
	provider and			commonly see other	usually see their own
	practice team			providers because of limited	provider or practice team.
				availability or other issues.	
		1 2 3	4 5 6	7 8 9	10 11 12

**Self-Management Support** 

	Components	Level 1D	Level C	Level B	Level A
13	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.
		1 2 3	4 5 6	7 8 9	10 11 12

**Population Management** 

	Components	Level D	Level C	Level B	Level A
14	Registry information on individual patients	is not available to practice teams for pre-visit planning or patient outreach.	is available to practice teams but is not routinely used for pre-visit planning or patient outreach.	is 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.	is available to practice teams and routinely used for pre- visit planning and patient outreach, across a comprehensive set of diseases and risk states.
			4 5 6	7 8 9	10 11 12

#### Planned Care

	C		lanned Care						
	Components	Level D	Level C	Level B	Level A				
15	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.				
		1 2 3	4 5 6	7 8 9	10 11 12				
16	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 these tools are 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.				

**Care Management** 

	Components	Level D	Level C	Level B	Level A
17	Follow-up by the primary care practice with patients seen in the emergency room (ER) or hospital	generally, does not occur because the information is not available to the primary care team.	occurs only if the ER or hospital alerts the primary care practice.	occurs because the primary care practice makes proactive efforts to identify patients.	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.
18	Clinical care management services for high-risk patients	$ \begin{array}{c cccc} 1 & 2 & 3 & \\ \hline                                  $	4 5 6 are provided by external care managers with limited connection to practice	7 8 9 9 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  10 11 12

**Medication Management** 

	Components	Level D	Level C	Level B	Level A
19	In our practice	prescribers who order	a MA or another clinical staff	a pharmacist, nurse, or	In addition to C and B, the
	medication	prescriptions and refills as	member who reviews the	coach/educator who works	practice has a pharmacist
	management	necessary.	EHR drug list at the	directly with patients having	and/or nurse who can titrate
	consists of		beginning of a patient's	challenges understanding or	medications for select
			appointment.	taking their medications,	groups of patients under
				individually or in groups.	standing orders.
		1 2 3	4 5 6	7 8 9	10 11 12

### **Referral Management**

	Components	Level D	Level C	Level B	Level A
20	Patients in need	cannot reliably obtain needed	obtain needed referrals to	obtain needed referrals to	obtain needed referrals to
	of specialty care,	referrals to partners with	partners with whom the	partners with whom the	partners with whom the
	hospital care, or	whom the practice has a	practice has a relationship.	practice has a relationship	practice has a relationship,
	supportive	relationship.		and relevant information is	relevant information is
	community-based			communicated in advance.	communicated in advance,
	resources				and timely follow-up after
					the visit occurs.
		1 2 3	4 5 6	7 8 9	10 11 12

**Behavioral Health Integration** 

	Components	Level D	Level C	Level B	Level A
21	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.
		$1 \square 2 \square 3 \square$	4 5 6	7 8 9	10 11 12

**Communication Management** 

	Components	Level D	Level C	Level B	Level A
22	Contacting the practice team during regular business hours	is difficult.	depends 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 timelines.
		1 2 3	4 5 6	7 8 9	10 11 12

23	Test results and	are not communicated to	are communicated to patients	are systematically	are systematically
	care plans	patients.	based on an ad hoc approach.	communicated to patients in	communicated to patients in
				a way that is convenient to the practice.	a variety of ways that are convenient to patients.
			4 5 6	7 8 9	10 11 12

**Clinic-Community Connections** 

	Components	Level D	Level C	Level B	Level A
24	Linking patients to supportive community-based resources	is not done systematically.	is limited to providing patients a list of identified community resources in an accessible format.	is accomplished through a designated staff person or resource responsible for connecting patients with community resources.	is accomplished through active coordination between the health system, community service agencies and patients and accomplished by a designated staff person.
		1 2 3	4 5 6	7 8 9	10 11 12