Primary Care Team Guide Assessment

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 Safety Net Medical Home Initiative and supplemented by measures developed by Dr. Tom Bodenheimer related to his "10 Building Blocks of High-Performing Primary Care."

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The Practice Team

	Components	Level D	Level C	Level B	Level A
1	Clinical leaders…	intermittently focus on improving quality. 1☐ 2☐ 3☐	have developed a vision for quality improvement, but no consistent process for getting there. 4☐ 5☐ 6☐	are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving. 7☐ 8☐ 9☐	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. 10☐ 11☐ 12☐
2	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☐
3	Staff other than PCPs …	play a limited role in providing clinical care. 1☐ 2☐ 3☐	are primarily tasked with managing patient flow and triage. 4☐ 5☐ 6☐	provide some clinical services such as assessment or self-management support. 7☐ 8☐ 9☐	perform key clinical service roles that match their abilities and credentials. 10☐ 11☐ 12☐
4	Clinical support staff…	work with different providers every day. 1☐ 2☐ 3☐	are linked to providers in teams but are frequently reassigned. 4☐ 5☐ 6☐	consistently work with a small group of providers and staff in a team. 7☐ 8☐ 9☐	consistently work with the same provider(s) almost every day. 10☐ 11☐ 12☐
5	Workflows for clinical teams…	have not been documented and/or are different for each person or team. 1☐ 2☐ 3☐	have been documented, but are not used to standardize workflows across the practice. 4☐ 5☐ 6☐	have been documented and are utilized to standardize practice. 7☐ 8☐ 9☐	have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis. 10☐ 11☐ 12☐

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6	The practice…	does not have an organized approach to identify or meet the training needs for providers and other staff. 1☐ 2☐ 3☐	routinely assesses training needs and encourages on-the-job training for staff needing it. 4☐ 5☐ 6☐	routinely assesses training needs, and ensures that staff are appropriately trained for their roles and responsibilities. 7☐ 8☐ 9☐	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. 10☐ 11☐ 12☐
7	Standing orders that can be acted on by non-independent providers under protocol…	do not exist for the practice 1☐ 2☐ 3☐	have been developed for some conditions but are not regularly used. 4☐ 5☐ 6☐	have been developed for some conditions and are regularly used. 7☐ 8☐ 9☐	have been developed for many conditions and are used extensively. 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. 1☐ 2☐ 3☐	perform a few clinical tasks beyond rooming patients such as reviewing medication lists or administering a PHQ-2. 4☐ 5☐ 6☐	perform a few clinical tasks and collaborate with the provider in managing the panel (reviewing exception reports, making out-reach calls). 7☐ 8☐ 9☐	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. 10☐ 11☐ 12☐

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Registered Nurse (RN)

9	RNs in our practice…	are not part of the core practice team. 1☐ 2☐ 3☐	mostly triage phone calls and do injections or other procedures. 4☐ 5☐ 6☐	Manage transitions within and across levels of care (home care, hospital, specialists). Provide specific intensive care coordination and management to highest risk patients. 7☐ 8☐ 9☐	Provide care management for high risk patients and collaborate with providers in teaching and managing patients with chronic illness, monitoring response to treatment, and titrating treatment according to delegated order sets in independent nurse visits 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 practice…	are not involved in clinical care. 1☐ 2☐ 3☐	mostly provide non-clinical patient-facing roles such as reception or referral management. 4☐ 5☐ 6☐	include individuals who do one or more of the following: provide self-management coaching, coordinate care, help patients navigate the health care system, or access community services. 7☐ 8☐ 9☐	perform the functions in Level B and are key members of core practice teams. 10☐ 11☐ 12☐

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Pharmacist

	Components	Level D	Level C	Level B	Level A
11	A pharmacist(s) …	is not involved in our practice.	oversees our dispensary but is not much involved in clinical care.	is available to answer medication-related questions from providers and staff both directly and electronically.	works closely with the core practice team to review prescribing practices and 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 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☐

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☐

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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. 1☐ 2☐ 3☐	is available to practice teams but is not routinely used for pre-visit planning or patient outreach. 4☐ 5☐ 6☐	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. 7☐ 8☐ 9☐	is 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☐

Planned Care

	Components	Level D	Level C	Level B	Level A
15	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☐
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. 1☐ 2☐ 3☐	might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but these tools are inconsistently used. 4☐ 5☐ 6☐	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. 7☐ 8☐ 9☐	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. 10☐ 11☐ 12☐

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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. 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☐
18	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☐

Medication Management

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

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Referral Management

	Components	Level D	Level C	Level B	Level A
20	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☐

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☐ 2☐ 3☐	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☐

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23	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☐

Clinic-Community Connections

	Components	**Level D**	**Level C**	**Level B**	**Level A**
24	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☐