**Kaiser Permanente’s PHASE Building Blocks Assessment**

**Directions**

The survey is designed to assess organizational change in clinics implementing KP’s PHASE program. **This assessment was intended to be used as an organizational-level assessment; teams should complete the assessment collaboratively.** The 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) and Building Clinic Capacity for Quality’s Clinic Assessment.

* **Identifying the clinic(s):**
  + For hospital systems, each clinic in the hospital system that is implementing PHASE should complete the assessment.
  + For consortia, each health center organization participating in PHASE is required to submit one completed assessment. Consortia staff can work with the health center organizations to determine whether the assessment is completed for the organization as a whole or for specific clinic sites.
  + For health centers, each grantee is required to submit one completed assessment. Grantees can determine whether the assessment is completed for the organization as a whole or for specific clinic sites.

We’d encourage using a similar process to what you used in the previous assessment so that results are comparable.

* **Identifying the team:** A group of individuals should look at and fill out assessment by themselves; 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.
* **Completing the assessment**: 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.
* **Discussing initial responses:** The individuals completing the assessment (4-6 people) should then come together as a team to discuss their ratings and come to consensus. Discussion should focus on areas where there was variation in response to reach agreement on rating for that item.
  + ***Best practice:*** A representative from the consortium or hospital system 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).
* **Submitting team 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 evaluator of PHASE) via emailto Carly Levitz: **levitz.c@ghc.org by May 18.** 
  + **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.**

**Reporting back**

CCHE will provide feedback in the form of a report to each participating PHASE grantee. The report will include a comparison over time for each grantee and to the aggregate initiative scores.For grantees submitting data for multiple clinics or health centers, the report will include both aggregate data for the grantee, as well as individual data for each clinic/health center reporting.

**FAQ**

What if we can’t do the process outlined in the directions?

* The process outlined above 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.

Multiple clinic sites within a health center organization want to take the Building Blocks of PHASE assessment. How will the data be reported?

* + For the purpose of the PHASE evaluation, we will take the average of those sites to calculate a score for the health center organization. Please be sure to have the clinic site clearly labeled on the clinic information page below.
  + For health center grantees, in your individual report, you would see the breakdown of the clinic site responses.
  + For consortia grantees, in your report, you would only see the organizational roll-up; however, we could provide the compiled data back to you in Excel upon request

We did the assessment one way last year; can we change how we administer it this year?

* + We’d strongly encourage you to use the same process you used before so the results are comparable. Exceptions can be made if there is a strong rationale for how the data would be more useful when administered a different way. If you make changes, please inform us of how you changed the administration process.

If you have any questions about completing this assessment, please contact Carly Levitz at [levitz.c@ghc.org](mailto:levitz.c@ghc.org)

**Clinic information**

|  |  |
| --- | --- |
| PHASE grantee |  |
| Clinic Organization (if not the same as PHASE grantee) |  |
| Clinic Site |  |
| Date of Completion |  |

**Team Members Completing the Assessment:**

|  |  |
| --- | --- |
| Name | Position |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

**How did the team come to their consensus score? Please select one**

\_\_\_\_ Discussion of individual scores and collaboratively deciding the question’s final score

\_\_\_\_ Other, please specify:

**PHASE Building Block 1: Leadership & Culture (Adapted from Building Blocks of Primary Care Assessment (BBPCA) & Building Clinic Capacity for Quality (BCCQ) Assessment)**

|  | **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 (Adapted from BBPCA & BCCQ Assessment)**

|  | **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 (Source: BBPCA, Building Block #2)**

|  | **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 (Source: BBPCA, Building Block #4)**

|  | **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 (Source: BBPCA, Building Blocks #3 & 6)**

|  | **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 |