Diplomate:_____

CLINICAL PRACTICE EVALUATION II:
CLINICAL SYSTEMS REVIEW

A. <u>INFORMATION MANAGEMENT</u>

1. Does your practice currently use an electronic medical record system? ☐**Yes** ☐**No**

2. If "Yes," how long has the electronic medical record system been in use?
   _____ **weeks   months   years**

3. Patient medical records contain: (select: Yes, +/-, No)

- A problem list that is regularly reviewed and updated

- An allergy list that is updated when indicated

- A medication list that is reviewed and updated at every visit

- A display of key lab results that shows trends, goals, and variation over time

- A display of key clinical findings that shows trends, goals, and variation over time

- An integrated treatment plan that documents and guides treatment decisions of the team

- A treatment plan that includes the patient's self-care (or family care) program

- An integrated prevention plan that documents and guides patient-specific health risk assessment, screening, and lifestyle counseling

- A prevention plan that includes the patient's (or family's) preferences and goals for preventive self-care and early detection of illness

4. Medical record templates or reminders prompt members of the practice team to periodically update history and physical examination findings to identify risks for or early diagnosis of: (select: Yes, +/-, No, N/A)

- Sexually transmitted infections

  Occupational (or school-based) injuries or illnesses

- Household injuries

- Automobile injuries or crashes

- Cancer

- Osteoporotic fractures

- Depression or other psychological issues

- Vision impairment

- Hazardous alcohol or drug use

5. Medical record templates or reminders prompt members of the practice team to document:

- Immunization status

- Current smoking status

- Nutrition history, goals, and progress

- Physical activity history, goals, and progress

- Symptoms and functional status

- Problems with medications and treatments

6. The medical record system provides:

- Reminders to order screening laboratory tests or procedures at appropriate intervals

- Patient care protocols for modifying therapy of chronic illness (such as hypertension or diabetes) when treatment goals have not been reached

- Reminders to consider aspirin, ACE inhibitors, ARBs, beta blockers, and statins for all post-MI patients

- Reminders to consider aspirin for all patients at increased risk for CHD, including patients with diabetes who are over age 30

- Reminders to order lipid testing at appropriate intervals

- Reminders to consider appropriate immunizations for all patients

7. The medical record system:

- Sends patients (or parents) reminders to schedule visits for planned preventive services

- Automatically follows up to reschedule canceled and no-show visits

- Provides members of the team with relevant and up-to-date patient data

- Provides members of the team with key decision support

- Provides information to clinicians covering nights and weekends

- Provides information from ambulatory records needed by hospital staff when patients are admitted to the hospital

- Provides a hospital discharge summary and other relevant information prior to follow-up contacts

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- Can readily identify patients with specific risk factors
  (e.g., increased risk for CVD or STDs)
- Can be queried to answer quality improvement questions
- Displays laboratory data for groups of patients
  (e.g., LDL level for patients with diabetes)
- Displays clinical data for groups of patients (e.g., BP for
  patients with diabetes)
- Displays medications prescribed for groups of patients

B. <u>PATIENT ACTIVATION</u>

1. Written information provided to patients (or parents):

- Includes information about recommended clinical preventive
  services
- Includes the patient's recommendations about early
  diagnosis of curable disease and prevention of illness and injury
- Includes a patient self-care program with self-management
  goals for maximizing health
- Meets the language, literacy, and cultural needs of patients
  in the practice

2. Behavior change practices include:

- Documenting a patient's stage of change when addressing
  health habits such as smoking, nutrition, or physical activity
- Assessing maintenance of behavior changes during
  follow-up contacts
- Reviewing logs of lifestyle changes
- A systematic approach to managing relapse

3. Tobacco cessation counseling services available in the practice or health care system include:

- Counseling by physicians
- Counseling by designated staff
- A formal tobacco cessation program
- Referral to a community-based or online tobacco cessation
  program

4. Nutrition counseling services available in the practice or the health care system include:

- Counseling by physicians
- Counseling by designated staff

- Counseling by a registered dietician or health educator

- Referral to a community-based program(e.g., Weight Watchers®)

5. Physical activity counseling services available in the practice or health care system include:

- Counseling by physicians

- Counseling by designated staff

- Counseling by a physical or occupational therapist

- Referral to a community-based program such as a YMCA or mall-walking program

6. The practice teaches patients (or parents) self-care skills by:

- Providing written instructions on correct use and common side effects of medications, including over-the-counter medications

- Providing assistance with medication adherence

- Giving instructions and observing technique in home monitoring

- Involving the patient's home support system

7. When needed, a designated team member provides:

- Assistance in obtaining medications for patients who cannot afford them

- Assessment, counseling, and referral for community social services

- Assessment, counseling, and referral for drug or alcohol abuse treatment

- Referral to practice-based or community support groups for patients and/or family members

- Financial counseling/assistance with insurance issues

- Assistance with transportation to appointments

C. ACCESS AND COMMUNICATION WITH PATIENTS AND FAMILIES

1. The practice system for scheduling appointments:

- Tracks the number and percentage of patients who cannot be accommodated within the timeframe desired by the patient/family

- Tracks the number and percentage of patients who cannot be accommodated for visits with the provider they request

- Coordinates visits to multiple providers and/or for diagnostic tests during one trip

- Provides same-day appointments according to seasonal needs
- Ensures that patients with acute problems are seen within 24 hours

2. The practice supports communication between patients and providers by:

- Encouraging patients (or parents) to contact the practice with questions and concerns between visits
- Providing patients (or parents) with an effective means of reporting on self-care and home monitoring
- Enabling secure email communications
- Enabling secure internet health records

D. SAFETY AND EFFICIENCY

1. The practice reduces the risk of medication errors by:

- Automatically cross-checking new prescriptions for adverse interactions with other medications
- Identifying patients who have not refilled prescriptions for essential medications
- Documenting communications with patients (or parents) about medications (e.g., refills, changes in dosage, side effects)

2. The practice reduces the risk of diagnostic errors by:

- Cross-checking to locate results from diagnostic tests and consultations ordered by the practice
- Communicating results of testing to patients (or parents) in a timely manner, with instructions on what to do next
- Documenting communications with patients (or parents) about test results

3. The practice reduces the risk of delay in receiving care by:

- Instructing patients (or parents) on when to call 911 or or go to an emergency care center rather than contact the practice
- Instructing patients (or parents) on how to obtain assistance with an urgent medical problem
- Reminding patients (as appropriate) to get a yearly influenza vaccination, even if they don't have a scheduled appointment
- Using a standard order for administration of influenza vaccination to high-risk patients

4. The practice increases its efficiency by ensuring that:

- All providers begin their appointments on time
- All necessary data are available to providers before a patient visit or other contact (e.g., test results)
- Exam rooms are equipped with all materials needed for a patient visit

E. <u>CONSULTATION AND REFERRAL</u>

1. Which best describes your practice?

2. You provide mainly:

3. The consultants to whom you regularly refer patients: ☐ **N/A**

- Are readily accessible to your patients
- Are readily accessible to your practice team
- Teach your practice team what you need to know about advances in the field
- Have relevant clinical information about your patients in advance of scheduled appointments

4. If you provide consultative care, you and/or your staff: ☐ **N/A**

- Are readily accessible to patients of practices that regularly refer to you
- Are readily accessible to practice teams that regularly refer to you
- Provide education about advances in your specialty to the practices that regularly refer patients to you
- Provide a report of your findings and recommendations in advance of the patient's follow-up contact with the referring physician

F. <u>THE PRACTICE TEAM</u>

1. The practice team has:

- A designated leader to guide the team in meeting patient care goals
- A designated leader to assure that financial resources, materials, and personnel are effectively managed
- Clearly defined role and responsibilities for each member
- Roles and responsibilities that match training and expertise

G. <u>IMPROVEMENT PROCESS</u>

1. The practice incorporates the improvement process into its work by:

- Having team members bring new information and skills
  learned through participation in continuing education/training

- Surveying patients about the care they receive

- Meeting regularly to analyze data from the practice

- Developing, implementing, and studying the impact of
  ideas for practice improvement

END OF DATA COLLECTION FOR CLINICAL SYSTEMS REVIEW