The Clinical Practice Evaluation (CPE) tool contains two parts. Part I is designed to review a random selection of the diplomate's patient medical records regarding his/her practice of clinical preventive medicine. It is available in two formats (adult and pediatric): please choose the version that is most appropriate for your patient population. **Part II** is designed to review the diplomate's integration of prevention practice into the system within which he/she provides care. It is the same tool regardless of your patient population. **The diplomate must complete both parts of the clinical practice assessment** (i.e., CPE I (adult) <u>OR</u> CPE I (child) <u>AND</u> CPE II).

<u>Please follow the instruction below to complete CPE II –Clinical Systems Review</u>. There are separate sets of instructions for CPE I – Medical Record Review (Adult Patient Population) and CPE II – Medical Record Review (Pediatric Patient Population).

Perform an assessment of your clinical systems according to the instructions below. Remember to write your complete name on each page where indicated prior to initiating your self-evaluation.

A. <u>Information Management</u>

1. Indicate by circling the correct response whether your practice currently utilizes an electronic medical record (EMR) system.

2. If your practice currently utilizes an EMR, indicate how long the system has been in use by writing in a numerical value and circling the appropriate unit of time.

3. Please assess the patient medical record system utilized in your practice according to the list of **potential elements**, and circle the appropriate answer for each, using the following definitions:

> Yes = Operates well
> +/**-** = Element exists but is not operating at the highest level
> No = Element is not available or not operational

4. Please assess the medical record system utilized in your practice regarding the list of templates/reminders for **updating risk factors**, and circle the appropriate answer for each:

> Yes = Operates well
> +/**-** = Template/reminder exists but is not operating at the highest level
> No = Template/reminder is not available or not operational

5. Please assess the medical record system utilized in your practice regarding the list of templates/reminders for documentation of **patient status**, and circle the appropriate answer for each:

> Yes = Operates well
> +/**-** = Prompt exists but is not operating at the highest level
> No = Prompt is not available or not operational

6. Please assess the medical record system utilized in your practice regarding the list of reminders/protocols for **preventive services**, and circle the appropriate answer for each:

> Yes = Operates well
> +/**-** = Reminder/protocol exists but is not operating at the highest level
> No = Reminder/protocol is not available or not operational

7. Please assess the medical record system utilized in your practice regarding the list of **features**, and circle the appropriate answer for each:

       Yes = Operates well

       +/- = Feature exists but is not operating at the highest level

       No = Feature is not available or not operational

B. <u>Patient Activation</u>

1. Please assess the types of **written information your practice provides to patients**, and circle the appropriate answer for each type:

       Yes = Consistently or always

       +/- = Inconsistently or sometimes

       No = Rarely or never

2. Please assess the **behavior changes practices** undertaken within your practice, and circle the appropriate answer for each practice:

       Yes = Consistently or always

       +/- = Inconsistently or sometimes

       No = Rarely or never

3. Please assess the **tobacco cessation counseling** services offered by your practice, and circle the appropriate answer for each service:

       Yes = Consistently or always

       +/- = Inconsistently or sometimes

       No = Rarely or never

4. Please assess the **nutrition counseling** services offered by your practice, and circle the appropriate answer for each service:

       Yes = Consistently or always

       +/- = Inconsistently or sometimes

       No = Rarely or never

5. Please assess the **physical activity counseling** services offered by your practice, and circle the appropriate answer for each service:

       Yes = Consistently or always

       +/- = Inconsistently or sometimes

       No = Rarely or never

6. Please assess the **ways in which patients are taught self-care skills** within your practice, and circle the appropriate answer for each method:

       Yes = Consistently or always

       +/- = Inconsistently or sometimes

       No = Rarely or never

7. Please assess your practice with regard to the list of **potential support services**, and circle the appropriate answer for each service:

        Yes = Consistently or always

        +/**-** = Inconsistently or sometimes

        No = Rarely or never

C. <u>Access and Communication with Patients</u>

1. Please assess your practice **system for scheduling appointments** with regard to the list of potential features, and circle the appropriate answer for each feature:

        Yes = Operates well

        +/**-** = Feature exists but is not operating at the highest level

        No = Feature is not available or not operational

2. Please assess the ways in which your practice supports **communication between patients and providers**, using the list of behaviors provided. Circle the appropriate answer for each behavior:

        Yes = Consistently or always

        +/**-** = Inconsistently or sometimes

        No = Rarely or never

D. <u>Safety and Efficacy</u>

1. Please assess the ways in which your practice reduces the risk of **medication errors**, using the list of behaviors provided. Circle the appropriate answer for each behavior:

        Yes = Consistently or always

        +/**-** = Inconsistently or sometimes

        No = Rarely or never

2. Please assess the ways in which your practice reduces the risk of **diagnostic errors**, using the list of behaviors provided. Circle the appropriate answer for each behavior:

        Yes = Consistently or always

        +/**-** = Inconsistently or sometimes

        No = Rarely or never

3. Please assess the ways in which your practice reduces the risk of **delay in receiving care**, using the list of behaviors provided. Circle the appropriate answer for each behavior:

        Yes = Consistently or always

        +/**-** = Inconsistently or sometimes

        No = Rarely or never

4. Please assess the ways in which your practice increases **efficiency**, using the list of behaviors provided. Circle the appropriate answer for each behavior:

        Yes = Consistently or always

        +/**-** = Inconsistently or sometimes

        No = Rarely or never

E. <u>Consultation and Referral</u>

1. Indicate the size of your practice by placing an "X" in front of the appropriate description.

2. Indicate the type of practice by placing an "X" in front of the appropriate description.

3. Please describe the **consultants** to whom you regularly refer patients, using the list provided. If you <u>never</u> make referrals, please circle "N/A" and skip the rest of the question. If you make referrals to other practitioners, circle the appropriate answer for each descriptor:

        Yes = Consistently or always
        +/- = Inconsistently or sometimes
        No = Rarely or never

4. Please describe the **consultative care** provided by your practice, using the list provided. If you are <u>never</u> a consultant, please circle "N/A" and skip the rest of the question. If you provide consultative services to other practitioners, circle the appropriate answer for each descriptor:

        Yes = Consistently or always
        +/- = Inconsistently or sometimes
        No = Rarely or never

F. <u>The Practice Team</u>

1. Describe your **practice team** using the list provided, and circle the appropriate answer for each descriptor:

        Yes = Consistently or always
        +/- = Inconsistently or sometimes
        No = Rarely or never

G. <u>Improvement Process</u>

1. Describe the ways in which your practice undertakes **practice improvement** using the list provided, and circle the appropriate answer for each descriptor:

        Yes = Consistently or always
        +/- = Inconsistently or sometimes
        No = Rarely or never

You have reached the end of the clinical systems review. Please retain all forms, as you will need to send your completed evaluation and supporting documentation to the American College of Preventive Medicine after completing the **Diplomate Practice Assessment Plan (DPAP) cycle.**

Return to the DPAP to complete the remainder of the Diplomate Practice Assessment Plan.