

Online Supplementary Material

Jaén CR, Crabtree BF, Palmer R, et al. Methods for evaluating practice change toward a patient-centered medical home. *Ann Fam Med*. 2010;8(Suppl 1):s9-s20.

Supplemental Appendix 2. Medical Record Audit

The appendix begins on the next page.

Chart Review

TransforMed Chart Review

Q1 **Site ID:**

Q2 **Clinician ID:**

Q3 **Patient ID:**

Q4 **Review timepoint**

First review (July 3, 2006)

Second review (April 1, 2007)

Third review (August 1, 2008)

Q5 **Index Visit Date**

Q6 **Date of first visit to practice?**

Q7 **Age**

Years

Months (<than or 35 months)

Q8 **Patient gender**

Male

Female

Q9 Major reason for index visit (choose one)

- Acute
- Chronic
- Well
- Prenatal
- Other

Q10 Please indicate patient race

- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black/African American
- White
- More than one race
- Not Noted

Q11 Please indicate patient ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Not Noted

Q12 Allergies prominently noted

- Yes
- No

Q13 Drug therapy for lowering cholesterol (≥ 10)

- Yes
- No

Q14 ASA therapy (≥ 35)

- Up to Date
- Not Noted

ASA therapy: Date of last entry

Q15 Screening flow sheet

- Present
- Used
- Not Noted

Screening flow sheet: Date of last entry

Q16 Health behavior counseling flow sheet

- Present
- Used
- Not Noted

Health behavior counseling flow sheet: Date of last entry

Q17 Chronic disease management flow sheet (e.g. HTN, DM, other)

- Present
- Used
- Not Noted

Chronic disease management flow sheet: Date of last entry .

Q18 Chronic Illness (choose all that apply)

- HTN
- Diabetes
- Depression
- Anxiety
- CHF
- Prior MI
- CAD
- Stroke
- Hyperlipidemia
- COLD, COPD
- Cancer
- Chronic Renal Disease
- Hypothyroidism
- Tobacco Use Dependence
- Obesity
- Other

If other, what illness?

Q19 Immunization flow sheet

Present
Used
Not Noted

Immunization flow sheet: Date of last entry.....

Immunizations

Adults & Children over 6 years

Q20 Influenza

Up to Date
Not Noted

Influenza: Date of last entry.....

Q21 Pneumovax (PPV or Prevnar)

Up to Date
Not Noted

Pneumovax: Date of last entry

Q22 2nd Measles Vaccine (MMR)

Up to Date
Not Noted

2nd Measle: Date of last entry.....

Q23 Hepatitis B

Up to Date
Not Noted

Hepatitis B: Date of last entry.....

Q24 Tetanus Booster (Tdap or Td)

Up to Date
Not Noted

Tetanus Booster: Date of last entry.....

Children Only (6 and under) (Update based on ACIP/AAFP recommendations)

Q25 Influenza
Up to Date
Not Noted/Not up to date
 Influenza: Date of last entry

Q26 Polio (IPV or OPV)
Up to Date
Not Noted/Not up to date
 Polio: Date of last entry

Q27 DTPor DTaP
Up to Date
Not Noted/Not up to date
 DTP orDTaP: Date of last entry

Q28 HIB
Up to Date
Not Noted/Not up to date
 HIB: Date of last entry

Q29 MMR
Up to Date
Not Noted
 MMR: Date of last entry

Q30 Varicella
Up to Date
Not Noted/Not up to date
 Varicella: Date of last entry

Q31 Hepatitis B
Up to Date
Not Noted/Not up to date
 Hepatitis B: Date of last entry

Q32 PCV
Up to Date
Not Noted/Not up to date
 PCV: Date of last entry

Children Only Screening

Q33 Eye exam (<6) (amblyopia/strabismus)
Up to Date
Not Noted
 Eye exam: Date of last entry

Q34 Lead screening (<2)
Up to Date
Not Noted
 Lead screening: Date of last entry

Q35 Lead screening (<2)

	<i>Questionnaire</i>	<i>Blood</i>
Evidence of knowledge	<input type="checkbox"/>	<input type="checkbox"/>

Q36 Hemoglobin/Hematocrit (<=2)
Up to Date
Not Noted
 Hemoglobin/Hematocrit: Date of last entry

Index Visit

Q37 Referred to others in index visit?

Yes
No
Not Applicable

If yes, specify.....

Q38 Referred to community program?

Diet
Exercise
Tobacco
Substance Abuse
Other
No

Q39 Height

Feet/Length
Inches/Length
Height Not noted

Q40 Weight

Pounds
Ounces

Q41 Systolic blood pressure

SBP Most recent
SBP Previous

Q42 Diastolic blood pressure

DBP Most recent
DBP Previous

Screening (2 yr look-back) [unless noted]

Q43 PAP Q3yrs (F_{>13}) or documentation of GYN care
Up to Date
Not Noted

PAP: Date of last entry

Q44 Mammogram (F_{>40}) or documentation of GYN care
Up to Date
Not Noted

Mammogram: Date of last entry

Q45 Clinical Breast Exam(F_{>40}) or documentation of GYN care
Up to Date
Not Noted

Breast exam: Date of last entry

Q46 Sigmoidoscopy/ Barium Enema Q5yr (>50)if Colonoscopy not done
Up to Date
Not Noted

Sidmoidoscopy/ Barium Enema: Date of last entry

Q47 Colonoscopy Q10yr (>50)
Up to Date
Not Noted

Evidence of knowledge

Colonoscopy: Date of last entry

Q48 Home FOBT (≥ 50)
Up to Date
Not Noted

Home FOBT: Date of last entry

Q49 Osteoporosis (>65) Dexa Scan
Up to Date
Not Noted
 Osteoporosis: Date of last entry

Q50 Vision Screen (>65)
Up to Date
Not Noted
 Vision Screen: Date of last entry

Q51 Hearing Screen (>65)
Up to Date
Not Noted
 Hearing screen: Date of last entry

Q52 Tobacco Use (>10)
Yes
No
Not Noted

Q53 ETOH use (>10)
Yes
No
Not Noted

Q54 Injury Prevention (seatbelt, helmet, smoke detector, etc.)
Up to Date
Not Noted
 Injury Prevention: Date of last entry

Labs

Q55 PSA (M>40)
Up to Date
Not Noted
 PSA: Date of last entry

Q56 Cholesterol (≥ 10)

Cholesterol Most recent

Cholesterol Previous

Total cholesterol: Date of last entry

Q57 HDL (≥ 10)

HDL Most recent

HDL Previous

HDL: Date of last entry

Q58 LDL (≥ 10)

LDL Most recent

LDL Previous

LDL: Date of last entry

Lab Diabetic Dx

Q59 Glycosylated hemoglobin (A1c)

A1c Most recent

A1c Previous

Glycosolotated hemoglobin (A1c): Date of last entry

Q60 Microalbumin

Yes

No

Microalbumin: Date of last entry

Visit History Diabetic Dx

Q61 Dilated eye exam (or referral)?

Yes

No

Dilated eye exam: Date of last entry

Q62 Foot Exam (sensation, pulse, pin prick)?
 Yes
 No
 Foot exam: Date of last entry

Counseling 2 year look back

Visit History

Q63 Diet
 Up to Date
 Not Noted
 Diet: Date of last entry

Q64 Physical activity
 Up to Date
 Not Noted
 Physical activity: Date of last entry

Q65 Tobacco Hx (≥ 10)
 Up to Date
 Not Noted
 Tobacco Hx: Date of last entry

Q66 Tobacco counseling (≥ 10)
 Up to Date
 Not Noted
 Tobacco counseling: Date of last entry

Q67 Alcohol use and/or Substance Abuse Hx (≥ 10)
 Up to Date
 Not Noted
 Alcohol use and/or Substance Abuse Hx: Date of last entry ..

Q68 Alcohol use and/or Substance Abuse Counseling (≥ 10)

Up to Date

Not Noted

Alcohol use and/or substance abuse counseling: Date of last entry

Q69 STD/HIV prevention (≥ 10)

Up to Date

Not Noted

STD/HIV prevention: Date of last entry

**Appropriate Treatment of URI:
(All Patients)**

Q70 Was there a visit for URI/Sinusitis/Bronchitis between Nov & Feb ?

Yes

No

If yes, what date was this visit?

Q71 Uncomplicated means the absence of the following, check all symptoms not present.

Temperature >39 (102)

Facial swelling

Severe facial pain

On immunosuppressant medication

Chronic sinusitis

Q72 Antibiotics prescribed?

Yes

No

Depression

Q73 Date of initial diagnosis for this episode of depression care if since {date_2yrback}.

Acute Phase Care (< 6 months ago)

Q74 Is there indication that depression diagnosis based on criteria (DSM-IV, PHQ-9, etc.)?
Yes
No

Q75 In the plan of care, was there recommended follow-up for depression or referral to mental health clinician?
Yes
No

Continuation Phase Care (> 6 months but < 1 year ago)

Q76 Has regular follow-up (e.g. at least every 3 months) occurred either at practice or through referral?
Yes
No

Q77 If mental health referral, is there communication from them?
Yes
No

Q78 If follow-up visit occurred, was clinical course documented and/or care adjustment?
Yes
No

Chronic Care (> 1 year ago)

Q79 Is there documentation in past year of actively addressing the diagnosis of depression?
Yes
No