

Online Supplementary Material

Day J, Scammon DL, Kim J, et al. Quality, satisfaction, and financial efficiency associated with elements of primary care practice transformation: preliminary findings. *Ann Fam Med*. 2013;11(Suppl 1):S50-S59.

http://www.annfammed.org/content/11/Suppl_1/S50.

Supplemental Appendix 2. CBD Implementation Assessment Tool

- A. Scoring
- B. Data Collection Instruments



**Care by Design™ 2.0 - Status of Implementation CBD 4
Score Sheet - revised 7/13/11**

Provider:	Center:	Team:	Auditor:	Date:	Time:	Results	Score
Appropriate Access (AA)	Level 0	Level 1	Level 2	Level 3	Level 4		
AA1: Same-day appointments - Percent of appointments scheduled and seen same day (Appointment Lag)	0%-9% of appointments are scheduled for same day	10%-19% of appointments are scheduled for same day	20%-29% of appointments are scheduled for same day	30%-39% of appointments are scheduled for same day	≥40% of appointments are scheduled for same day.		
AA2: To the provider for continuity of care	0%-49%	50%-59%	60%-69%	70%-79%	≥80%		
AA4: Attention to call center messages (In basket messages generated by call center to first contact < 3 hours)	0%-49%	50%-62%	63%-75%	76%-89%	≥90%		
AA5a: Getting through to the office by phone for an appointment	≥5% dropped calls	4.0%-4.9% dropped calls	3.0%-3.9% dropped calls	2.0%-2.9% dropped calls	≤1.9% dropped calls		
AA5b: Getting through to the office by phone for an appointment	< 75% TSF	75%-84% TSF	85%-89% TSF	90%-94% TSF	≥95% TSF		
AA9: Percent of patients signed up for MyChart (electronic access to health information)	< 10%	10%-14%	15%-19%	20%-24%	≥25%		
						Subtotal (AA Average):	

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Care Team (CT)	Level 0	Level 1	Level 2	Level 3	Level 4	Results	Score
CT1a: Standardized documentation: X-Files	Uses X-files < 50% of the time	50%-62%	63%-75%	76%-89%	Uses X-Files ≥90% of the time		
CT1b: Standardized documentation: physical template	Uses standard physical template < 50% of the time	50%-62%	63%-75%	76%-89%	Uses standard physical template ≥90% of the time		
CT1c: Standardized documentation — Best Practice Alerts	Takes action on BPAs < 50% of the time	50%-62%	63%-75%	76%-89%	Takes action on BPAs ≥90% of the time		
CT4: Standardized stocking for examination rooms	No plan for stocking exam rooms and < 50% of rooms stocked consistently with each other	Plan, but < 50% of rooms stocked consistently OR No plan and < 75% of rooms consistent with each other	Plan, but < 75% of rooms stocked consistently OR No plan and ≥75% rooms consistent with each other	Plan, but < 90% of rooms stocked and cleaned consistently	Plan, and ≥90% exam rooms stocked consistently		
CT7a: Throughput: efficient check-in (patient waits ≤5 minutes from entering clinic to rooming)	< 20% of visits	20%-39%	40%-59%	60%-79%	≥80%		
CT7b: Throughput: efficient visit (patient waits ≤10 minutes during visit)	< 20% of visits	20%-39%	40%-59%	60%-79%	≥80%		

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Care Team (CT)	Level 0	Level 1	Level 2	Level 3	Level 4	Results	Score
CT9: Huddles and schedule reviews (most days = 3-4 days; most providers & MAs = no more than 1 of each missing)	No daily huddles or schedule reviews	Schedule review most days for most providers	Huddles most days with most MAs and providers present	Schedule review most days for most providers AND huddles most days with most providers and MAs present	Daily schedule reviews for all providers and daily huddles with all providers and MAs present		
CT10: Referrals made at time of appointment, or detailed instructions with phone number in AVS	< 50% of referred patients	50%-69%	70%-89%	90%-99%	100%		
CT11: Lab draws done in room	Labs drawn at lab or mini-lab				Labs drawn in room		
CT12: Continuity of MA with patient throughout the visit	< 50% of visits	50%-69%	70%-89%	90%-99%	100%		
CT13: MA engagement in the visit (required elements: uses X-files, addresses BPAs, documents physical exam, places orders, gives AVS to patient, makes follow up appointment)	None	1-2 elements	3-4 elements	5 elements	6 elements		

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Care Team (CT)	Level 0	Level 1	Level 2	Level 3	Level 4	Results	Score	
CT17a: documentation of patient communication needs	< 20%	20%-39%	40%-59%	60%-79%	≥80%			
CT17b: presence of advance directives	< 20%	20%-39%	40%-59%	60%-79%	≥80%			
CT17f: PHQ-2 or PHQ-9 depression screen	< 20%	20%-39%	40%-59%	60%-79%	≥80%			
CT20: List of community resources for common needs	No list		List available, but < 5 external/community resources		List of commonly used community resources on ≥5 topics			
CT21: Efficient communication among care team members (no wandering around looking for each other, white board items addressed within 3 min)	< 20%	20%-39%	40%-59%	60%-79%	≥80%			
			<i>Subtotal (CT Average):</i>					

Note: Italicized entries are not included in analyses reported.

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Planned Care (PC)	Level 0	Level 1	Level 2	Level 3	Level 4	Results	Score
PC1: Use of registries for chronic care and preventive services	No registry or registry, but no evidence of review		Registry with evidence of review, but no outreach		Registry with evidence of review and outreach		
PC2: Labs done prior to the visit	< 20% of patients have completed ≥ 1 labs before the visit	20%-39%	40%-59%	60%-79%	$\geq 80\%$		
PC3: Documentation that AVS was given to patient	< 80% of patients given AVS	80%-89%	90%-94%	95%-99%	100%		
PC5: Medication reconciliation	Completed for < 80% of patients taking chronic medications	80%-89%	90%-94%	95%-99%	100%		
PC7: Procedure/consult notes available at time of visit (mammography, colonoscopy, endoscopy, cardiology)	< 20%	20%-39%	40%-59%	60%-79%	$\geq 80\%$		
PC8: Care plan documented for high-risk/important condition patients (set goals, identify barriers, action steps/referrals)	< 20%	20%-39%	40%-59%	60%-79%	$\geq 80\%$		
PC9: Track progress on care plan and action steps	< 20%	20%-39%	40%-59%	60%-79%	$\geq 80\%$		
PC10: Contact patients postdischarge according to standard	< 20%	20%-39%	40%-59%	60%-79%	$\geq 80\%$		

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



			<i>Subtotal (PC Average):</i>	
			<i>Total Score (Average of Subtotal Section Scores):</i>	
Note: Italicized items are not included in analyses.				

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Care by Design™ - Status of Implementation

Revised 7/14/11

Center:

Provider:

Observer:

Date:

Observation Summary Sheet

Clinic Observation

CT4:	Standard Exam Rooms						
					Plan (circle one):	Yes	No
						No	Yes
	<i>Total the number of "yes" results for each room and divide by the number of rooms observed to get the percent compliance.</i>			Exam 1			
				Exam 2			
				Exam 3			
				Exam 4			
				Exam 5			
				Exam 6			
					Percent compliance		

Team Observation

			Level 0	Level 1	Level 2	Level 3	Level 4
CT9:	Huddle and schedule review						
CT11:	Labs drawn in room						
CT13:	MA engagement in the visit						
CT20:	List of commonly used community resources						
PC1:	Use of registry						

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Visit Observation

Score each item as follows: Yes = 1, No = 0

Use the definitions outlined in the Observation Criteria worksheet to score the item. Total the number of points for each item and divide by 5 to calculate results.

		Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Results
CT7b:	Did the patient experience efficient visit from rooming to exiting exam room? (waits ≤10 min during visit)						
CT12:	Continuity of MA with patient throughout the visit						
CT21:	Efficient communication among team members						

Team Observation Criteria

Element	No (0)	Yes (1)
<p>CT4: Standardized stocking of exam rooms: Look at all exam rooms used by provider</p> <p><i>Definitions:</i> <u>Presence of plan:</u> yes or no (can be posted in each room, or in central location)</p>	<p>Room not stocked according to plan (≥2 variances)</p> <p>or</p> <p>IF NO PLAN, room is stocked differently (≥2 variances) from other exam rooms</p>	<p>Room stocked according to plan (0-1 variances)</p> <p>or</p> <p>IF NO PLAN, room is stocked consistently (0-1 variances) with other rooms</p>

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Element	Level 0	Level 1	Level 2	Level 3	Level 4
<p>CT9: Huddles and schedule reviews: ask provider and give brief description on back of Observation Summary Sheet</p> <p><i>Definitions:</i></p> <p><u>Administrative planning:</u> provider and MAs meet to review/discuss team schedules for the day, double-books, support function assignments (front desk, walk-in labs, etc). This can be a larger group of providers and teams of MAs</p> <p><u>Clinical planning:</u> provider and MAs review the patient schedule for the day and identify any reports, labs, etc. needed prior to/during patient visit.</p>	No daily administrative OR clinical planning	Administrative OR clinical planning 1-2 days a week	Administrative OR clinical planning ≥3 days a week or Administrative AND clinical planning 1-2 days a week	Administrative AND clinical planning 3-4 days a week	Administrative AND clinical planning 5 days a week or Administrative AND clinical planning every day provider is in clinic if < 5 days a week
<p>CT11: Lab draws done in room: ask MA</p>	Labs drawn at lab or mini-lab				Labs drawn in room
<p>CT13: MA engagement in the visit (required elements: uses X-files, addresses BPAs, documents physical exam, places orders, gives AVS to patient, makes follow-up appointment): record elements used for each visit on back of Observation Summary Sheet</p>	None	1-2 elements	3-4 elements	5 elements	6 elements

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Element	Level 0	Level 1	Level 2	Level 3	Level 4
<p>CT20: List of commonly used community resources: ask MA to see list, record ≥ 5 resources on the back of the Observation Summary Sheet</p> <p><i>Definitions:</i> <u>Community resource</u> <i>examples:</i> smoking cessation, weight management, exercise/physical activity, nutrition, parenting, transportation for medical appointments, meal support, hospice, respite care, immunization information, breast feeding, child development, etc</p>	<p>No list</p>		<p>List available, but < 5 external/community resources</p>		<p>List of commonly used community resources on ≥ 5 topics</p>

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



<p>PC1: Use of registries for chronic care and preventive services: ask Nursing Supervisor</p> <p><u>Definitions:</u> <u>Review:</u> notes on date of last visit, lab values, tests needed/ordered, etc</p> <p><u>Outreach:</u> dates of phone calls or letters sent to patient about items due or overdue</p>	<p>No registry, or registry but no evidence of review</p>	<p style="background-color: #cccccc;"></p>	<p>Registry with evidence of review past 2 months (since 5/15), but no outreach</p>	<p style="background-color: #cccccc;"></p>	<p>Registry with evidence of review and outreach in past months (since 5/15)</p>
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Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



Patient Observation Criteria

Select the first 5 adult (≥18 years) patients on the schedule after you arrive. If there are no shows/late cancellations, select the next patient until you reach 5.

Element	No (0)		Yes (1)
<p>CT7b: Efficient Visit: the patient does not wait during the visit Use Visit Documentation Worksheet to document 5 patients and record results on Observation Summary Sheet. <i>Definitions:</i> <u>Waiting time:</u> non-value-added time for patient waiting after MA leaves room until provider arrives, waiting while provider leaves to get equipment or take a phone call, waiting while MA tracks down reports, draws immunizations, processes lab, etc</p>	<p>Patient waits more than 10 minutes from rooming to exiting exam room at end of visit</p>		<p>Patient waits 10 minutes or less from rooming to exiting exam room at end of visit</p>
<p>CT12: Continuity of MA with patient throughout the visit</p>	<p>Different MAs support the patient's visit from rooming to departure</p>		<p>Same MA supports the patient's visit from rooming to departure</p>

Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*



<p>CT21: Efficient communication among team members: describe communication tools/processes used by team for each visit on back of Observation Summary Sheet</p> <p><i>Definitions:</i></p> <p><u>Immediately available:</u> MA and provider are in the room together at all times; or use Vocera/radios to contact each other, or can step out of exam room and see the other at nursing station/provider lounge; white boards if used are responded to within 1 minute.</p>	<p>Provider OR MA is not immediately available for communication</p>		<p>Provider AND MA are immediately available to communicate with each other</p>
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Supplemental Appendix 2. CBD Implementation Assessment Tool, *continued*




Visit Documentation Worksheet - revised 7/14/11

CT7b: Visit Wait Time

Patient	Time MA starts rooming	Start of Wait Time 1	End of Wait Time 1	Start of Wait Time 2	End of Wait Time 2	Start of Wait Time 3	End of Wait Time 3	Start of Wait Time 4	End of Wait Time 4	Patient Exits Exam Room	Total Wait Time	Total Visit Time
1												
2												
3												
4												
5												

Comments:

Supplemental Appendix 2. CBD Implementation Assessment Tool, <i>continued</i>					
					
Comments					
CT4: Exam room stocking					
CT9: Description of administrative and clinical planning					
CT11: Lab draws					
CT13: Elements MA used during the visit					
CT 20: List ≥5 community resources that you saw on the resource list					
PC1: Registry					
	Patient 1 Patient 2 Patient 3 Patient 4 Patient 5				
CT12: Continuity of MA					
CT21: Describe communication processes and tools used by the team during the visit					
AVS = After-Visit Summary; BPA = Best Practice Alert; MA = medical assistant; PHQ = Patient Health Questionnaire; TSF = telephone service facto.					