ANNALS OF FAMILY MEDICINE

**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.

http://www.annfammed.org/cgi/content/full/8/Suppl_1/S9/DC1

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## Supplemental Appendix 10. TransforMED Implementation Index

The appendix begins on the next page.

# TRANSFORMED IMPLEMENTATION INDEX:

Description & Date of Assessment:

| Name | Location | Age | Size | Ownership Status | EMR |
|---|---|---|---|---|---|
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NOTES:

| **Access to Care & Information** | **INDEX #** | **Time of implementation** | **Notes** |
|---|---|---|---|
| **Same-day appointments** | | | |
| Practice maintains a process (e.g., extended hours, predetermined number of open slots) that allows them to see every patient who calls for a same-day appointment and do "today's work today." Ideally, process will be fluid and constantly adjusted according to day of the week, season, staffing, etc. NOTE: patients who call for a same-day appointment might not be seen by their personal physician that day but the will be seen. | | | |
| **Lab results highly accessible** | | | |
| Practice maintains process to quickly provide lab results, whether by phone call, mail, email, etc. Process includes steps to insure smooth transition among return of labs & placement in charts, sign-off by physicians, delivery of lab results to pts, and documentation of delivery. As technology becomes more available and affordable, practices will ideally move to pt portals that allow pts to view their labs online. | | | |
| **Online patient services** | | | |
| Practice offers online pt services on their website: e.g., pt education links, online appt scheduling, online bill pay, email with the practice/physician. As technology becomes more affordable and available, practices will ideally move to pt portals that will allow all these services as well as pt access to their medical chart, labs, etc. | | | |
| **e-Visits** | | | |
| Practice has the ability to email pts through some or all of several methods:<br>• Staff can communicate w/pt by email, preferably encrypted<br>• Clinicians can communicate w/pt by email, preferably encrypted<br>• Physician can offer structured and HIPPA-compliant office visits by email | | | |

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| (depending on insurance, such visits may be reimbursable or self-pay | | | |
| **(Email communication)** | | | |
| Physician communicates with patient via email, but not encrypted. | | | |
| **Group visits** | | | |
| Practice offers group visits (DIGMAs or centered on chronic care) as a way to enhance pt. care through peer support and education; and/or increase access. | | | |
| **After-hours access coverage** | | | |
| Practice has established plan for providing care to pts after hours so that when pts call, they will either receive the care they need over the phone or be directed to appropriate and available coverage – the ER being the last resort, for true emergencies. | | | |
| **Culturally sensitive care** | | Not measuring | Not measuring |
| The physical design, communication style, and culture of staff and practice environment are inclusive to patients of all ethnicities, abilities, ages and economic status. | | | |

| **Care Management** | **INDEX #** | **Time of implementation** | **Notes** |
|---|---|---|---|
| **Population management** | | | |
| Practice has the ability, resources, and processes (with or w/out technology) to:<br>• To identify certain segments of population their patient panel by demographics, disease, Rx, etc<br>• Plan interventions based on emergent population need or identified clinical issues | | | |
| **Wellness promotion** | | | |
| With the understanding that wellness is more than the absence of illness, the practice culture promotes wellness/healthy living through the pt encounter, the interaction of staff and pt, and the practice presence in the community (e.g., health fairs). | | | |
| **Disease prevention** | | | |
| Practice has the ability, resources, and processes (with or w/out technology) to coordinate screenings, establish prevention plans and provide education based on pt's | | | |

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| family history and current health status. | | | |
| **Care coordination** | | Not measuring | Not measuring |
| Practice serves as gateway to care by directing pts to appropriate resources in the community; practice has processes (with or w/out technology) to send, receive and organize pt information within and beyond the practice. | | | |
| **Patient engagement and education** | | | |
| At both the encounter and practice level, pts are offered opportunities to become more involved (e.g., group visit, pt portal, motivational interviewing by physician). | | | |
| **Leverages automated technologies** | | Not measuring | Not measuring |
| The practice develops processes to use technologies in ways that enhance pt care and allows staff to work to their highest potential rather than automating inefficiencies (e.g., follow-up phone calls, registry function, pt scheduling) | | | |

| **PRACTICE SERVICES** | **INDEX #** | **Time of implementation** | **Notes** |
|---|---|---|---|
| **Comprehensive care for both acute & chronic conditions** | | | |
| Practice has the ability and flexibility to anticipate a wide spectrum of pt needs & coordinate care appropriately; created within the context of a longitudinal relationship and partnership with the pt. | | | |
| **Prevention screening and services** | | | |
| Practice has ability, processes & resources to:<br>• Identify pts in need of evidence-based screening<br>• Provide or coordinate such screenings<br>• Communicate results back to pts | | | |
| **Surgical procedures** | | | |
| The practice offers as many in-house procedures (e.g., punch biopsies, casting, etc) as the market supports in order to decrease fragmentation in care and increase pt convenience. If offering such procedures is not cost justified, practice can coordinate referral and follow-up. | | | |

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| **Ancillary therapeutic and support services** | | | |
| Practice has ability to offer or coordinate closely with:<br>• Services traditionally outside the scope of primary care but often aide in a successful plan of patient care (e.g., nutritional consultation, PT, home health)<br>• Services that are market responsive (e.g., skin aesthetics). | | | |
| **Ancillary diagnostic services** | | | |
| Practice is market responsive w/respect to needed, convenient diagnostic services. Practice can provide such services in-house or maintain system to easily coordinate with entities in close proximity (<15 mi) including a plan to obtain diagnostic information and following up with pt. | | | |

| **CONTINUITY OF CARE SERVICES** | **Index #** | **Time of implementation** | **Notes** |
|---|---|---|---|
| **Community-based services** | | | |
| Practice "extends the team" beyond the practice walls by establishing and maintaining relationships with community-based programs which provide complementary services for whole person care (e.g., Meals on Wheels, WIC, mental health centers). | | | |
| **Collaborative relationships** | | Not Measuring | Not Measuring |
| Practice views entire health service community as part of the full spectrum of care and intentionally seeks ways to complement pt care within and outside the practice:<br>• Establishing and maintaining relationships with other health providers<br>• Processes in place for data follow-up, communication and feedback. | | | |
| **Hospital care** | | | |
| Practice develops process to "stay in the loop" when pt enters hospital (e.g., communication with hospitalist, smooth transfer of data, quick FU visit after discharge); OR practice has ability to provide hospital care as required by market forces/geographic need. | | | |
| **Behavioral health care** | | | |
| Practice addresses behavioral health issues at some level within the practice:<br>• Directs pt to community services w/follow-up<br>• Addresses psychosocial concerns and using appropriate screenings during | | | |

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| clinical encounters<br>• Facilitates access to behavioral specialist (e.g., onsite/connected to practice). | | | |
| **Maternity care** | | | |
| Practice develops processes to "stay in the loop" when pt receives outside maternity care (e.g., communication with OB/GYN, smooth transfer of data, quick FU visit after delivery); OR practice has ability to provide maternity care as required by market forces/geographic need and/or affordable by malpractice climate. | | | |
| **Specialist care** | | | Not measuring |
| Practice maintains referral/follow-up process with specialists to avoid fragmentation and insure organization of data and coordination of care; physician actively seeks way to develop working relationships with specialists. | | | |
| **Pharmacy** | | | Not measuring |
| Practice develops working relationship w/area pharmacies as a way to "extend the team" (e.g., pharmacists who assist in pt education and follow-up w/physician). Practice develops and maintains processes to assist in coordination of Rx and refill. | | | |
| **Physical therapy** | | | Not measuring |
| Practice develops working relationship with area PT services to include a smooth referral/follow-up process; PTs may become part of the "practice team" by providing pt education through group visits, materials, etc. | | | |
| **Case management** | | | |
| Practice serves as a gateway to connect in-need pts to appropriate community resources. Staff time may be allocated in a variety of ways to identify care management tasks specific to the practice and develop a set of processes to coordinate the care. | | | |

| **PRACTICE MANAGEMENT** | **INDEX #** | **Time of implementation** | **Notes** |
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| **Disciplined financial management** | | | |
| Leadership demonstrates a clear grasp of finances including: A regular review of financial data w/minimal detail by provider; The ability to interpret/respond/anticipate to financial data; An informed view of the practice as a service-based, revenue-generating business. | | | |
| **Cost-Benefit decision-making** | | | |
| Leadership demonstrates an understanding of cost-benefit analysis and makes practice decisions (e.g., equipment purchases, overhead, staffing, changes in patient volume) accordingly. | | | |

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| **Revenue enhancement** | | | |
| Practice examines and implements opportunities to increase revenue through management opportunities (e.g., increased co-pay collection, improved no-show rate, review of denial rates). | | | |
| **Optimized coding & billing** | | | Not measuring |
| Leadership and billing develop strategies to increase collections and streamline processes. Clinicians consider and use all possible sources (EMR, billing staff, consultant) in order to optimize coding. | | | |
| **Personnel/HR management** | | | |
| Practice maintains staff/physician ratio appropriate to pt volume as well as appropriate HR policies and procedures: Job description; Hiring, firing, performance appraisal; cross-training & continuing education. | | | |
| **Optimized office design/redesign** | | | |
| Practice optimizes physical design of office in order to improve:<br>• Aesthetics (e.g., new paint job)<br>• Staff communication (e.g., placement of offices, work stations)<br>• Patient flow (e.g., computer kiosks for pts)<br>• Work flow (e.g., location of printer)<br>• Morale | | | |

| QUALITY & SAFETY | Degree of implementation | Time of implementation | Notes |
|---|---|---|---|
| **Evidence-based best practices** | | | Not measuring |
| The practice demonstrates a consistent use of, and attention to, EB guidelines within individual pt encounters and its approach to population management (e.g., use of EB point-of-care reminders, education on viruses vs antibiotics). | | | |
| **Medication management** | | | |
| Practice takes proactive approach to maximize safety and education of patients:<br>• Adopting the practice of e-prescribing as the technology becomes affordable & available<br>• If available, EMR has a feature to cross-check for medication interaction | | | |

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| • Education with pts: medication side affects/health outcomes/realistic expectations/self management/barriers to compliance | | | |
| **Patient satisfaction feedback** | | | |
| Practice regularly solicits feedback from pts (e.g., paper survey, electronic, survey by outside company); process in place for review of feedback and implementation of agreed changes. | | | |
| **Clinical outcomes analysis** | | | |
| Practice measures their quality of care through deliberate collection of specific outcomes by any variety of methods: EMR function, chart reviews, additional IT product (e.g., CINA, MDdatacorp,), participation in PBRN, P4P, PVRP, etc. Practice has process in place to review the data and make changes on how care is delivered. | | | |
| **Quality improvement** | | | |
| Practice participates in either internally or externally initiated QI projects, using specific processes (e.g., PDSA cycles or practice protocols) to target specific outcomes (e.g., increasing mammogram rates). Process is integrated into practice as a method of ongoing evaluation. | | | |
| **Risk management** | | | Not measuring |
| Practice reduces risk by implementing processes to limit liability, decrease adverse events, encourage reporting and correction of errors, increase staff and pt safety. | | | |
| **Regulatory compliance** | | | Not measuring |
| Practice follows regulatory guidelines: lab regulations, HR regulations, monitoring of controlled substances, etc. | | | |
| **Practice-Based Team Care** | | | |
| Members of the practice work as a team to care for the pt, from front desk to MA to physician. Work flow is developed and consistently fine tuned based on input, skill level, education and motivation of team members. | | | |

| HEALTH INFORMATION TECHNOLOGY | Index # | Time of implementation | Notes |
|---|---|---|---|
| **Electronic medical record** | | | |

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| Practice strives to use EMR at maximum functionality: Promotes standardized use among providers when appropriate; Gives careful consideration to the EMR as part of the workflow process and adjusts work patterns accordingly; EMR enhances rather than detracts from pt care. | | | |
| **Electronic orders and reporting** | | | Not measuring |
| When technology is affordable and available, the practice documents and transmits physician orders. | | | |
| **Electronic prescribing** | | | |
| When technology is affordable and available, practice eliminates handwritten Rx's through one or more of the following: Unilateral electronic transmission of Rx through Zeta fax connected to EMR, pharmacy receives Rx through fax; Bilateral electronic transmission of Rx through e-Rx tool (e.g., SureScripts); pharmacy receives Rx electronically; but Rx is printed out at patient's request. | | | |
| **Evidence-based decision support** | | | Not measuring |
| EMR provides EB decision support at point of care, integrating information from outside providers and sources; providers and clinical team may establish standing orders based on support. | | | |
| **Population management registry** | | | |
| Either the EMR or additional IT feature (CINA, MDdataCorp, etc) gives practice the ability to view the pt population and run reports based on EB guidelines and pt compliance rates. | | | |
| **Practice Web site** | | | |
| Practice maintains functioning website – some may have interactive patient portals. | | | |
| **Patient portal** | | | |
| Interactive patient portal allows pts to schedule appts, pay bills, & communicate with practice online; other features include access to parts of medical chart, on-line registration, and Instant Medical History | | | |

| **Practice-Based Care Teams** | **Index #** | **Time of implementation** | **Notes** |
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| **Provider leadership** | | |
| Strong, facilitative leadership system in place with either lead physician or lead physician and key staff/other physicians, clinicians. Strong leadership includes an ability to communicate clearly, deal with conflicts, make decisions and inspire change. | | |
| **Shared mission and vision** | | |
| Practice-wide understanding and commitment to practice mission and vision; front and back office understand the role of each side in a successful pt encounter. | | |
| **Effective communication** | | |
| Practice uses rich and lean communication in appropriate channels and context; conflict is dealt with in constructive and healthy manner; diverse opinions/ideas are welcome; talk is respectful. | | |
| **Task designation by skill set** | | |
| Practice members are trained and encouraged to work to their highest capacity. | | |
| **Nurse Practitioner / Physician Assistant** | | Not measuring |
| NPs and PAs are integrated and empowered players on the practice team with mutual respect between physician providers and NP/PA. | | |
| **Patient participation** | | |
| Practice invites pts to be active participants in the practice as an organization; pts are invested stakeholders (e.g., patient surveys, inviting pts to practice meetings/advisory boards, etc). | | |
| **Family involvement: options** | | Not measuring |
| When appropriate, the practice is open to the involvement of a patient's family in medical decision making and cognizant of influences family members have on the health of their patient. | | |