

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

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			
	<i>Up to Date</i>		<input type="checkbox"/>	
	<i>Not Noted/Not up to date</i>		<input type="checkbox"/>	
	Influenza: Date of last entry	<input style="width: 300px; height: 20px;" type="text"/>		
Q26	Polio (IPV or OPV)			
	<i>Up to Date</i>		<input type="checkbox"/>	
	<i>Not Noted/Not up to date</i>		<input type="checkbox"/>	
	Polio: Date of last entry	<input style="width: 300px; height: 20px;" type="text"/>		
Q27	DTPor DTaP			
	<i>Up to Date</i>		<input type="checkbox"/>	
	<i>Not Noted/Not up to date</i>		<input type="checkbox"/>	
	DTP orDTaP: Date of last entry	<input style="width: 300px; height: 20px;" type="text"/>		
Q28	HIB			
	<i>Up to Date</i>		<input type="checkbox"/>	
	<i>Not Noted/Not up to date</i>		<input type="checkbox"/>	
	HIB: Date of last entry	<input style="width: 300px; height: 20px;" type="text"/>		
Q29	MMR			
	<i>Up to Date</i>		<input type="checkbox"/>	
	<i>Not Noted</i>		<input type="checkbox"/>	
	MMR: Date of last entry	<input style="width: 300px; height: 20px;" type="text"/>		
Q30	Varicella			
	<i>Up to Date</i>		<input type="checkbox"/>	
	<i>Not Noted/Not up to date</i>		<input type="checkbox"/>	
	Varicella: Date of last entry	<input style="width: 300px; height: 20px;" type="text"/>		

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

Glycosolated 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