

# Maine Health Management Coalition

## Pathways to Excellence - Office Systems Survey 2007

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Please fill out only one form for each practice location.

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### Instructions

- You may use the **tab** key to navigate through the form using the keyboard.
- This survey has 11 sections. You may jump to a particular section by using the SECTION drop down box above.
- You may save partial survey results at any time by clicking the SAVE PARTIAL SURVEY button. When you have finished the survey, please click the SAVE COMPLETE SURVEY button at the bottom of the page.
- This survey has automatic branching enabled. This means, in a question like 3.1 where a "NO" response means you skip the remainder of section 3 and go on to section 4, you will automatically be redirected to section 4. In addition, questions you should not answer (based on previous responses) will be disabled.
- If you use the scroll wheel of the mouse, take care that you do not accidentally change answers in drop down boxes.
- Individual questions are validated when responses are entered. Upon submission of a completed form, other inconsistencies will be identified. To successfully submit the survey, you must agree on questions 1.1 and 11.1 and you must enter a name in 11.2.
- TO PRINT YOUR SURVEY, click on the "Printer Version" icon on the right side of the top menu bar. A new browser window will open with the survey in it. Right mouse click on the new window and select "Print." You may have to set your browser (in File/Page Setup) to print landscape instead of portrait.
- Please direct all Pathways to Excellence initiative questions to: [Jan Wnek MD, Clinical Advisor](#). Technical questions regarding this survey, should be directed to [Survey Administrator](#)

### Contact Information

**1.1. I understand that in order to be eligible for a quality reward based on the results of the survey, this practice will participate in an on-site validation of the data, upon request. \***

- Agree
- Disagree

**1.2. Please provide your contact information**

Practice Name:	<input type="text"/>
Your Name:	<input type="text"/>
Title:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip / Postal code:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>

Email:

Please contact me by:  Email

Check here if you are a pediatric practice.

## Assessing Health Risk Factors

Patients often have more than one issue affecting their health. Often these can be positively impacted by changes in personal life style. Ideally, practices will have tools for checking in with patients about their health risk factors and will offer help and education in addressing and minimizing risk factors. Your practice can earn credit by demonstrating a comprehensive screening program for a risk factor and additional points for having a well defined intervention program in place.

### 2.1. Does your practice routinely assess your patients for the following risk factors? Does your practice have an intervention program (written care plan or tool kit, or referral source) to specifically address these risk factors?

*YES answer to a screening means that there is documentation in the patient record of screening questions being asked.*

*YES answer to intervention means that there is a documented work process for intervening for positive risk factors. Resources used for intervention can be located either within the practice (diet and exercise counseling) or by referral to an outside source (substance abuse counselor or clinic.) **Note: "Well defined Intervention Plan" will not be scored and is for informational purposes only.***

	Routinely Assess Check if "YES"	Well-defined Intervention Plan
Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Healthy Eating	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Depression/other mental illness	<input type="checkbox"/>	<input type="checkbox"/>
High risk Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Exercise/Inactivity	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Risk	<input type="checkbox"/>	<input type="checkbox"/>
Medication Adherence	<input type="checkbox"/>	<input type="checkbox"/>

## Daily use of Clinical Guidelines / Evidence Based Medicine

Clinical guidelines are a set of clinical recommendations that promote the best practice of care for a specific condition. These are developed by credible national medical authorities. It is recommended that all clinicians in a practice agree to use a common set of guidelines for chronic illnesses and that these guidelines are shared with all staff as well as patients. The guidelines are then used in the development of patient care plans and **ARE AVAILABLE TO CLINICIANS IN PRINTED OR ELECTRONIC FORM IN THE EXAM ROOM** during the ongoing management of patients.

Practices can earn credit for use of clinical guidelines by two approaches:

1. The guideline or a flow sheet derived from the guideline has been incorporated into the patient medical record OR
2. The guidelines are readily available in printed form or electronically in the exam room and used by the physicians and patients in discussing the care plan for the patient.

**EVIDENCE BASED CLINICAL GUIDELINES ARE NOT THE SAME AS PATIENT EDUCATION MATERIALS**

### 3.1. Does your practice use evidence based clinical guidelines? \*

*If NO, please go to Section 4.*

Yes  No

### 3.2. How are evidence based clinical guidelines incorporated into your practice?

*If YES, please check all that apply up to three conditions. (Your Practice will only be scored for 3 conditions):*

<input type="checkbox"/>									
	Diabetes	Anti-coagulation	Cardiovascular Disease	Hyper-tension	Low Back Pain	Depression	Asthma	ADHD	Pec Immur

Guidelines are readily available in printed or electronic form and routinely used in physician/patient interaction.	<input type="checkbox"/>								
Other Condition:	<input type="text"/>								

**Save Partial Survey**

### Chronic Illness Registry

Intent: A registry is a tool that doctors use to keep better track of patients who have a specific chronic illness in order to better manage their condition. For example, a practice may use a diabetes registry to document care at visits and to create reports which indicate which patients are due for certain blood tests or are not meeting specific treatment goals.

Your practice can earn credit in this section for the implementation of specific components of registries for up to three conditions. IF YOU USE THE REGISTRY FOR THE MAJORITY OF PATIENTS WITH EACH CONDITION ACROSS ALL PAYERS (e.g. Medicare, Medicaid, Commercial, Uninsured, Etc.)

4.1. Does your practice maintain chronic illness registries? \*

- Yes  No

4.2. If "No", do you plan to begin to maintain these and if so when?

If NO, please go to section 5.

4.3. If "Yes", is your system...

- Electronic
- Paper
- Combination

4.4. If "Electronic", what is the name of the system?

4.5. Do you routinely use your registry for **MOST OF PATIENTS** across all payers with each condition?

*\*Please check all that apply. YOUR PRACTICE WILL ONLY BE SCORED FOR THE THREE CONDITIONS MOST FULLY IMPLEMENTED*

	Diabetes	Anti-coagulation	Cardiovascular Disease	Hyper-tension	Low Back Pain	Depression	Asthma	ADHD	Pediatric Immunizat
To prompt your practice to notify patients who are overdue for office visits?	<input type="checkbox"/>								
To remind patients about needed care services (e.g. lab, x-ray)?	<input type="checkbox"/>								
To prompt your practice to order	<input type="checkbox"/>								

tests and screens?									
To identify use of appropriate medications for the condition?	<input type="checkbox"/>								
	Diabetes	Anti-coagulation	Cardiovascular Disease	Hyper-tension	Low Back Pain	Depression	Asthma	ADHD	Pediatric Immunizat
To track and follow up on abnormal test results which are out of range?	<input type="checkbox"/>								
To track patient outcomes for this condition?	<input type="checkbox"/>								
To track and follow up on referrals to relevant specialists for this condition?	<input type="checkbox"/>								
To provide your practice with population based (aggregated) health outcome reports on all patients with this condition?	<input type="checkbox"/>								

[Save Partial Survey](#)

### Patient Education / Self-Management For All Patients With Chronic Illness

For some chronic conditions it is important for patients to have access to self-management tools to help them manage their condition. These may include a "Personal Action Plan" (sometimes called action/management plans), a set of personalized goals, symptom tracking tools, and/or self-monitoring tools (BP log, Blood glucose log) to help manage their condition. Patients can use these self-management tools to track their condition and goals at home, and then self-manage their condition based on the information and recommendations from their doctor. These activities require patient education and collaboration on setting target goals and gathering information. Education may involve any of the following: one to one education, group classes, videos or books, or referral to educators specializing in a specific disease or condition. It is also important to have systems in place to assess to what extent the educational content is absorbed by the patient and indicators of patient success at self-managing their illness. Your practice can earn credit for implementation of components of the education plans for three conditions.

**5.1. How does your practice use written personal action plans?**

*YOUR PRACTICE WILL BE SCORED FOR THE THREE CONDITIONS MOST FULLY IMPLEMENTED. Please check up to three of the conditions.*

	Diabetes	Anti-coagulation	Cardiovascular Disease	Hyper-tension	Low Back Pain	Depression	Asthma	ADHD	Imr
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Your practice actively distributes GENERAL written patient level information which helps the patients understand their condition. (Please see example)	<input type="checkbox"/>								
Your practice actively creates and distributes written PATIENT-SPECIFIC action plans to help guide patients in self management at home/school/work. Please see example	<input type="checkbox"/>								
Your patients and physicians collaborate to develop a set of written self-management goals. (Please see example 1 and example 2)	<input type="checkbox"/>								
	Diabetes	Anti-coagulation	Cardiovascular Disease	Hyper-tension	Low Back Pain	Depression	Asthma	ADHD	Imm
Patients use self-management tools to record their own progress between visits and this is reviewed with the physician at each visit. (See Example)	<input type="checkbox"/>								
Your practice refers patients to outside certified patient education classes (e.g. ADEF, Open Airways, etc.)	<input type="checkbox"/>								
Your practice conducts classes for this condition using certified instructors?	<input type="checkbox"/>								
Your practice uses a standard written or computerized assessment tool to document patients' ability to self-manage their condition. (See Example)	<input type="checkbox"/>								

	Diabetes	Anti-coagulation	Cardiovascular Disease	Hyper-tension	Low Back Pain	Depression	Asthma	ADHD	Imr
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## Care or Case Management for AT - RISK Patients with Chronic Illness

**Patient education and self management services are necessary for all patients with chronic illness. A subset of patients with risk factors (e.g. other chronic illness, lack of social support, lower socioeconomic status, etc.) will need additional specialized support services above and beyond a normal office visit. This section refers to this subset of patients.**

(Examples of patients who might be appropriate for care management include, but are not limited to, patients with poorly controlled diabetes, patients with asthma with ER visits, patients with multiple chronic conditions, patients with CHF who have been hospitalized, obese and smoking patients with any chronic illness, patients with newly diagnosed depression, etc)

**Care/Case Management:** Some patients with chronic illnesses are quite complex to manage, and they often are coping with several illnesses at the same time. Evidence shows that care management support provided by CARE MANAGERS IN ADDITION TO THE PHYSICIAN/PATIENT EXAM ROOM INTERACTION can effectively help to support these patients, assist with coordination of multiple care needs, and result in better outcomes. The Chronic Illness Care Model describes care management (sometimes called case management) as a support function in which clinical care manager (nurses or other support staff) work with and communicate directly with patients and the patient's physician on goal-setting and expectations of outcomes. Care managers then utilize evidence-based clinical care guidelines and certified teaching methods to work with individual patients. Through close telephonic and/or personal contact, the care manager works with the patients to coach them in self care, monitor progress on maintaining target ranges for their key clinical indicators, and coordinating any needed services. Case/Care management can be conducted by staff within the practice or by staff working from a hospital, health plan, PHO, or other organization. Practices can earn credit for providing care management services on site OR for having well defined linkage to off site care management services providing the listed functions for a specific disease condition.

**6.1. Please complete the following tables to indicate where case management services (as defined above) are provided for at-risk patients treated at your facility.**

...Select Condition... If Other, please specify: _____	Doctor Office (Your site)	PHO	Hospital	Other
Intensive personalized education (i.e. one-to-one educational session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop personalized self-management plan and set appropriate goals with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodically review patient's progress and adjust goals with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach patient in achieving personal goals to better manage their disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link the patient with community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.2. Please complete the following tables to indicate where case management services (as defined above) are provided for at-risk patients treated at your facility.**

...Select Condition... If Other, please specify: _____	Doctor Office (Your site)	PHO	Hospital	Other
Intensive personalized education (i.e. one-to-one educational session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop personalized self-management plan and set appropriate goals with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodically review patient's progress and adjust goals with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach patient in achieving personal goals to better manage their disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link the patient with community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.3. Please complete the following tables to indicate where case management services (as defined above) are provided for at-risk patients treated at your facility.**

...Select Condition... If Other, please specify: _____	Doctor Office (Your site)	PHO	Hospital	Other
Intensive personalized education (i.e. one-to-one educational session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop personalized self-management plan and set appropriate goals with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodically review patient's progress and adjust goals with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coach patient in achieving personal goals to better manage their disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link the patient with community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Save Partial Survey**

### Practice Information Systems (Electronic Prescribing)

Intent: Electronic Prescribing can improve quality by reducing prescribing errors, pharmacy errors, adverse drug interactions, and allergic drug reactions. They can also decrease costs by increasing rates of generic prescribing, improving compliance with insurer formularies, and informing physicians about drug selections within classes of drugs. In this section practices earn credit for any components of electronic prescribing which are currently in use.

**7.1. Does your practice use an electronic or hand-held device to:**

	Yes	No
Suggest generic or less expensive brand alternatives at the time of prescription entry?	<input type="radio"/>	<input type="radio"/>
Electronically reference the drug formularies of the patient's health plans/pharmacy benefit manager to recommend preferred drugs at time of prescribing?	<input type="radio"/>	<input type="radio"/>
Offer guideline and evidence-based recommendations when prescribing medication for a patient?	<input type="radio"/>	<input type="radio"/>
Electronically calculate appropriate dose and frequency based on patient parameters such as age and weight?	<input type="radio"/>	<input type="radio"/>
Print out prescriptions?	<input type="radio"/>	<input type="radio"/>
Maintain a list of each patient's current medications?	<input type="radio"/>	<input type="radio"/>
Electronically Screen new prescriptions for drug allergies against each patient's allergy information?	<input type="radio"/>	<input type="radio"/>
Electronically Screen new prescriptions for Drug - Drug interactions against the patient's list of current medications?	<input type="radio"/>	<input type="radio"/>
Electronically transmit printed prescriptions to pharmacy? (i.e. Electronically transmit or Print and Fax)	<input type="radio"/>	<input type="radio"/>
Provide patients easily understood information about the medication?	<input type="radio"/>	<input type="radio"/>

### Practice Information (Electronic Medical Records)

Intent: Electronic systems are currently in place to assure that clinical care visits, diagnostic testing, and specific care needs are delivered in a timely manner for all patients. (This is not to be confused with registries that deal with a specific disease.) EMRs are used to make sure all the patients in the practice get good care, even when the practice is busy or hectic. EMRs take many forms and definitions vary a lot. Practices can earn credit for any of these electronic functions in place in their practice.

**8.1. Does your practice routinely use a fully or partially implemented Electronic Medical Record?**

If "NO" please move to section 9.

Yes  No

**8.2. If "Yes", what EMR system do you use?**

**8.3. Please answer the following about your EMR system:**

	Yes	No
Do you record patient's family history information on your EMR?	<input type="radio"/>	<input type="radio"/>
Does your EMR routinely record risk factor information?	<input type="radio"/>	<input type="radio"/>
Does your EMR flag information about multiple medication risks / drug interactions?	<input type="radio"/>	<input type="radio"/>
Do you order tests using your EMR?	<input type="radio"/>	<input type="radio"/>
Do you retrieve results on your EMR?	<input type="radio"/>	<input type="radio"/>
Do you use your EMR to track results over time?	<input type="radio"/>	<input type="radio"/>
Do you use your EMR to automatically alert you to needed patient follow up?	<input type="radio"/>	<input type="radio"/>
Does your EMR link to outside labs?	<input type="radio"/>	<input type="radio"/>

Does your EMR link to a hospital computer system?	<input type="radio"/>	<input type="radio"/>
Does your EMR have a trigger to alert you when significant new clinical data is added?	<input type="radio"/>	<input type="radio"/>
Does your EMR provide you with guidelines and evidence based recommendations at the time of the treatment of patients?	<input type="radio"/>	<input type="radio"/>
Does your EMR incorporate specialist reports?	<input type="radio"/>	<input type="radio"/>
Does your EMR include ALL patients in your practice? (i.e. the EMR system is populated with demographic information and clinical information for ALL the patients in the practice?)	<input type="radio"/>	<input type="radio"/>

**8.4. If EMR does NOT include all the patients in your practice, please designate which patients are INCLUDED:**

- Patients seen since EMR implementation
- Certain Payors (Please Specify) \_\_\_\_\_
- Certain Providers (Please Specify) \_\_\_\_\_
- Other (Please Specify) \_\_\_\_\_

**Practice Information (General)**

**9.1 Please verify our current information about the physicians and other clinicians working at your office**

	First Name (Required)	M.I.	Last Name (Required)	Employment within this practice (Required)		Clinician Specialty (Required)				
				Full Time	Part Time	Pediatrician	Family Physician / Internist	Physician Assistant	Nurse Practitioner/	Specialist / Other
Clinician #1				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #2				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #3				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #4				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #5				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #6				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #7				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #8				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #9				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #10				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #11				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #12				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #13				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #14				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician #15				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Feedback / Comments

10.1. Please provide us with any additional feedback

## Data Attestation

11.1. I have reviewed the data submitted in this survey and agree that it is a correct assessment of this practice.

Agree  Disagree

11.2. Name of Physician Attesting to this Survey

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By submitting this information you are certifying that this information is correct to the best of your knowlege.

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Submit Complete Survey

Save Partial Survey