Module 6: Assessing Practice Systems

A. Change Process Capability Questionnaire (CPCQ)

How would you describe the approach to quality improvement in your medical group or clinic

	strongly disagree	somewhat disagree	neither agree or disagree	somewhat agree	strongly agree	NA
1. Clinicians in our medical group/clinic believe that high quality care is very important	1	2	3	4	5	8
2. We have greatly improved the quality of care in the past year	1	2	3	4	5	8
3. We choose new processes of care that are more advantageous than the old to everyone involved (patients, clinicians, and our entire medical group/clinic)	1	2	3	4	5	8
4. Our resources (personnel, time, financial) are too tightly limited to improve care quality now	1	2	3	4	5	8
5. Our medical group/clinic operations rely heavily on organized systems	1	2	3	4	5	8
6. The thinking of our leadership is strongly oriented toward systems	1	2	3	4	5	8
7. Our medical group/clinic attaches more priority to quality of care than to finances	1	2	3	4	5	8
8. The clinicians in our medical group/clinic espouse a shared mission and policies	1	2	3	4	5	8
9. The clinicians in our medical group/clinic adhere to medical group/clinic policies	1	2	3	4	5	8
10. Our medical group/clinic leadership is strongly committed to the need for quality improvement and for leading that change	1	2	3	4	5	8
11. Our medical group/clinic has well-developed administrative structures and processes in place to create change	1	2	3	4	5	8
12. Our medical group/clinic is undergoing considerable stress as the result of internal changes	1	2	3	4	5	8

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	strongly disagree	somewhat disagree	neither agree or disagree	somewhat agree	strongly agree	NA
13. The working environment in our medical group/clinic is collaborative and cohesive, with shared sense of purpose, cooperation, and willingness to contribute to the common good	1	2	3	4	5	8
14. The clinicians in our medical group/clinic are very interested in improving care quality	1	2	3	4	5	8
15. We have many clinician champions interested in leading the improvement of care quality	1	2	3	4	5	8
16. Our medical group/clinic understands and uses quality improvement skills effectively	1	2	3	4	5	8
17. The leaders of our efforts to improve care quality are enthusiastic about their task	1	2	3	4	5	8
18. Our medical group/clinic has a well-defined quality improvement process for designing and introducing changes in the quality of care	1	2	3	4	5	8

Our medical group/clinic has used the following strategies to implement improved care quality…

	strongly disagree	somewhat disagree	neither agree or disagree	somewhat agree	strongly agree	NA
19. Providing information and skills-training	1	2	3	4	5	8
20. Use of opinion leaders, role modeling, or other vehicles to encourage support for changes	1	2	3	4	5	8
21. Changing or creating systems in the medical group/clinic that make it easier to provide high quality care	1	2	3	4	5	8
22. Removal or reduction of barriers to better quality of care	1	2	3	4	5	8
23. Organizing people into teams focused on accomplishing the change process for improved care	1	2	3	4	5	8
24. Delegating to non-physician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians	1	2	3	4	5	8

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	strongly disagree	somewhat disagree	neither agree or disagree	somewhat agree	strongly agree	NA
25. Providing to those who are charged with implementing improved care the power to authorize and make the desired changes	1	2	3	4	5	8
26. Using periodic measurement of care quality for the purpose of assessing compliance with any new approach to care	1	2	3	4	5	8
27. Reporting measurements of individual or care unit performance for comparison with their peers	1	2	3	4	5	8
28. Setting goals and benchmarking rates of performance quality at least yearly	1	2	3	4	5	8
29. Customizing the implementation of any care changes to each site of care	1	2	3	4	5	8
30. Use of rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results from introducing organization-wide change in care	1	2	3	4	5	8
31. Deliberately designing care improvements so as to make physician participation less work than before	1	2	3	4	5	8
32. Deliberately designing care improvements to make the care process more beneficial to the patient	1	2	3	4	5	8

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