



H2N Database Guide

1. Slides 2 -8: recruitment & enrollment section of the database (db)

- A. Once logged into the db, you will land in the “Recruitment Area” (there is also a link in the banner to navigate to this view from other parts of the db.)
- B. You will see a Snapshot of Activities and one for Practices with you as the primary recruiter (slide 5 describes how this is assigned).
- C. You can see what other recruiters are doing by changing your view (see slide 2).
- D. The recruiter/coach needs to ask questions about Interest, Eligibility, Practice Characteristics and EHR Assessment as written.

*****Please do not answer based on your own knowledge – we want Practice perceptions*****

2. Slides 9 -19: coach section of the db

- A. Sometimes referred to as the intervention tracker.
- B. Once logged into the db, select “Coach Area” in the banner at the top of every page.
- C. You will see the Practices that are assigned to you.

H2N Recruitment homepage by Primary Recruiter, in this case, Caitlin Dickinson

Clicking anywhere on the banner on any page will take you to your own home page in the recruitment section.

Click the recruiter name to reveal a drop down. Choose a different recruiter or view All to see a snapshot of all practices.

Use the activity + button to add a New Activity. See Slide 4.

Use the Practice Snapshot + button to be taken to the Practice page to add a new practice.

The Primary Contact column is populated when the Primary Contact box is checked on the Practice Page under Staff-see slide 5.

Last Activity shows the date of last Activity entered.

Each Practice is a hotlink to the Practice page to enter data for this practice.

The recruitment thermometer indicates the number of Practices by state whom have "Enrolled/PAL returned". See slide 4.

Each column is sortable alphabetically.

Click View Activities to view all Activities for this Practice.

See slide 3 for how PAL is populated.

See slide 5 to find out how Status automatically updates.

The screenshot shows a web browser window with the URL <http://healthy-hearts-northwest.herokuapp.com/partners/102>. The page header includes the logo for 'HEALTHY HEARTS NORTHWEST An EvidenceNOW Project' and a navigation bar with 'Sign out, Caitlin Dickinson' and 'Recruited: OR: 0/130'. Below the header, there is a search bar and a table of practices. The table has columns for Name, Primary Contact, Last Activity, Status, PAL, and Parent Organization. Each row represents a practice and includes a 'View Activities' link. A 'Practice Snapshot' button is located above the table. The page also features a recruitment thermometer and a banner at the top.

Name	Primary Contact	Last Activity	Status	PAL	Parent Organization	View Activities
Asher_CHC_Fossil	(none)		Interest/Eligibility TBD			View Activities
Asher_CHC_Mitchell	(none)		Interest/Eligibility TBD			View Activities
Asher_CHC_Spray	(none)		Interest/Eligibility TBD			View Activities
Cascade Family Care	(none)		Interest/Eligibility TBD			View Activities
Coast_CHC	(none)		Interest/Eligibility TBD			View Activities
Corvallis Family Medicine	(none)		Interest/Eligibility TBD			View Activities
Deschutes Rim Health Clinic	(none)		Interest/Eligibility TBD			View Activities
Family HealthPartners, LLC	(none)		Interest/Eligibility TBD			View Activities
Klamath Open Door Family Practice	(none)		Interest/Eligibility TBD		Klamath Health Partnership: KOD	View Activities
Lancaster Family Health Center	(none)		Interest/Eligibility TBD			View Activities
Lincoln County CHCs	(none)		Interest/Eligibility TBD			View Activities
NARA	(none)		Interest/Eligibility TBD			View Activities
OHSU Family Medicine	(none)		Interest/Eligibility TBD			View Activities

**Click “View Activities” from the Practice Snapshot to see all activities that are associated with a Practice.
An Activity is any contact that you have with a Practice.**

Test Practice is a Hot link to the Practice page to see Interest, Eligibility, Practice Characteristics and EHR questions.

Click the date link to edit this Activity, add an Outcome or a Key Action (e.g., PAL sent, EHR assessment complete), or change the scheduled date/time of the Activity or the recruiter who will do this work.

The screenshot shows a web browser window with the URL <http://healthy-hearts-northwest.herokuapp.com/practices/18171/events>. The page header includes the logo for 'HEALTHY HEARTS NORTHWEST An EvidenceNOW Project' and a 'Sign out, Erika Holden' link. Below the header, the page title is 'Activities for Test practice'. There is a search bar and a table of activities. The table has columns for Date, Time, Assigned Recruiter, Mode, Outcome, Key Actions, and Notes. A single activity is listed with the date '2015-08-27', assigned to 'Erika Holden' via 'Phone', with the outcome 'Follow up on email blast' and a note 'Follow up on email blast'. A 'Back' link is visible below the table.

Date	Time	Assigned Recruiter	Mode	Outcome	Key Actions	Notes
2015-08-27		Erika Holden	Phone	Follow up on email blast		Follow up on email blast.

Key Actions column is populated when one of the Key Action boxes is checked in the corresponding Activity.

The Outcome field lets you know what happened with the Activity (click Date to enter an Outcome).

Follow up on email blast is a free text field for any remaining thoughts, ideas and/or follow up by the recruiter; all of your notes listed under and Activity will show up in this field.

Adding a new Activity

Signed in successfully.

Sign out, Erika Holden



New Activity [x]

Practice [dropdown]

Assigned Recruiter [Erika Holden dropdown]

Date [mm/dd/yyyy]

Time [hh:mm MM]

Mode [(no contact) dropdown]

Specify [text box]

Key Actions:

- PAL sent
- Enrolled/PAL returned
- EHR assessment complete
- Practice characteristics complete

Outcome [dropdown]

Notes [text area]

[Add Activity button]

Practice Snapshot



No practices associated with this partner.

To add a new Practice, select the Practice Snapshot + button here.

If you change the Assigned Recruiter, this Activity will show up in the Activity Snapshot of that recruiter.

How did/will the Assigned Recruiter contact this person/Practice?

Check all Key Actions that apply as they are completed. Information about the PAL will populate the PAL column on the Practice Snapshot **NOTE: checking the "Enrolled/PAL returned" box adds a number to the recruitment thermometer for that state.**

Any notes added in New Activity Notes will be displayed in the Activity Log when you click "View Activities" from the Practice Snapshot.

Click Add Activity button to add the Activity to the Activity Snapshot on the Homepage for the Assigned Recruiter.

Recruitment section Practice page-next 4 slides

New Practice

- General
- Staff
- Interest
- Eligibility
- Characteristics
- EHR Assessment
- Back
- Save!

General, Staff, Interest, Eligibility, Characteristics and EHR Assessment buttons help you navigate to the section you would like to view.

General

Name

Parent Organization (if any)

Primary Recruiter

Recruitment Source

Specify

Address State

ZIP Code

Phone

URL

Email

Parent Organization field appears as a sortable column on the Practice Snapshot page.

Primary Recruiter refers to the person the Practice is assigned to. The Practice then appears on their homepage.

Recruitment Source refers to how they heard about H2N.

State is how the database knows where to count the Practice in the recruitment thermometer located in the banner at the top of the page.

Staff

Name Role Specify:

Phone 1 Best Contact? Email 1 Best Contact?

Phone 2 Best Contact? Email 2 Best Contact?

H2N Roles: Primary Site Contact Secondary Site Contact QI Champion

EHR Duties: Configure & Write EHR Reports Help with EHR Problems

[Delete Staff Member](#)

[Add Staff Member](#)

Save anything added or it will be lost forever!!

If Primary Site Contact is checked, this person will show up in the Primary Contact column on the Practice Snapshot page.
Keep updated: All surveys and communications are sent to this person!!

Check Consider and write EHR Reports and Help with EHR Problem boxes during the EHR assessment once ascertained. See Q3 and Q5 in EHR assessment section (slide 8).

Click Add Staff Member to add Staff

[Add Staff Member](#)

Interest and Eligibility questions in the recruitment section.

General

Staff

Interest

Eligibility

Characteristics

EHR Assessment

Back

Save!

Interest

Are you interested in participating in this study?

If no, why not?

Please specify:

Why is your practice interested in participating in H2N?

What are your practice's expected outcomes from participating in H2N? What do you hope your practice gets out of participating?

What do you expect your practice's challenges will be?

What would be a good month for the coach to visit your practice for the first time?

If no questions have been asked, the Status field on the Practice Snapshot is "Interest/Eligibility TBD". If yes to Are you interested in participating in this study?, the Status updates to "Interested, eligibility TBD". If no, Status updates to "Refused".

If no questions have been answered, Status (on Practice Snapshot) updates to "Eligibility TBD". If yes, proceed. If no, Status updates to "Ineligible".

Eligibility

1. Primary care practice with Family Physicians or General Internists

2. Number of clinicians (MD, DO, NP, PA) at street address of practice

3. Number of combined clinician (MD, DO, NP, PA) FTE at street address of practice

4. Does your practice use an electronic health record (EHR) system? Do not include billing record systems.

5. Is your current system Certified to meet Meaningful Use as defined by Health and Human Services/Office of the National Coordinator for Health Information Technology (ONC)?

6. What year was your EHR certified?

If answered no to is your current system Certified to meet Meaningful Use as defined by Health and Human Services, Status on Practice Snapshot updates to "Ineligible".

If over 10 full time clinicians, Status on Practice Snapshot updates to ineligible.

If anything but "yes all electronic" to question does you practice use an electronic health record (EHR) system, Status on Practice Snapshot updates to "ineligible"

Save anything added or these changes will be lost forever!!!

Practice Characteristics in the recruitment section

General

Staff

Interest

Eligibility

Characteristics

EHR Assessment

Back

Save!

Questions (1-9) of Practice Characteristics are required by the National Evaluators and should be asked directly to the Practices to get Practice self-report

Practice Characteristics

1. Which of the following best describes your practice's ownership? (Check all that apply.)

Clinician-owned solo or group practice

Hospital/health system owned

Health maintenance organization (e.g., Kaiser Permanente)

Federally Qualified Health Center or Look-Alike

Non-federal government clinic (e.g., state, county, city, public health clinic, etc.)

Academic health center/faculty practice

Federal (military, Veterans Administration, Dept of Defense)

Rural Health Clinic

Indian Health Service

Other

Specify

2. How many years has this practice been under the current ownership? (Please round to the nearest year and enter 0 if this practice has been under the current ownership for less than one year)

3. What is the total number of primary care clinics operated by parent organization?

4. Which of the following describes your practice's specialty mix?

5. Is your practice recognized or accredited as a patient-centered medical home (PCMH)?

6. Is your practice part of an accountable care organization (ACO)? (Check all that apply.)

Yes, Medicaid ACO

Yes, Medicare ACO (Pioneer, Shared Savings Plan or Advance Payment)

Yes, Private/Commercial ACO

Yes, Another type of ACO

No, not part of an ACO

Don't know

7. Do you plan on newly joining or newly contracting with a Medicaid ACO or ACO-type arrangement in the next 12 months?

8. If you are not part of a Medicare ACO, do you plan on newly joining or newly contracting with a Medicare ACO (Pioneer or Shared Savings Plan)?

EHR Assessment Questions in the recruitment section of the database

EHR Assessment

RECRUITER INSTRUCTIONS:

The first person with whom you speak may not know the answers to all of these questions. If so, please note who they think will know the answers.

1. Does your practice have someone who can configure or write quality reports from the EHR/EMR?

2. Who is the person primarily responsible for configuring and writing quality reports from the EHR/EMR?

If other, please specify

3. What is the name and contact information of the person responsible for configuring and writing quality reports from the EHR/EMR?

(Please enter this information in the [Staff List](#) as "Configure & Write EHR Reports.")

4. Does your practice have a Health IT support person who can help with EHR problems when they arise?

5. What is the name and contact information of the support person responsible for helping with EHR problems?

(Please enter this information in the [Staff List](#) as "Help with EHR Problems.")



Staff List hotlinks take you to the Staff section for ease of entering this Staff person.

Check the appropriate box in the Staff section for "Configure and write EHR reports" or "Helps with EHR problems".

Coach area landing page
Accessed by clicking “Coach Area” in the banner- all of the Practices assigned to you will appear in this list.



[Recruiter Area](#) [Manager Area](#)
[Coach Area](#) [Change password](#)
[Admin Area](#) [Sign out, Erika Holden](#)

Coach View for Erika Holden

Show entries

Search:

The last required contact date turns red if 45 days have passed since the last entry.

Practice	Last Required Contact	EHR Vendor	Last GYR Rating	New Contact
Bayside Family Practice	2016-03-25			+
Collins Med Center	2015-11-04	evergreen	Yellow	+
Fourth Fake Organization	2016-01-14			+
Green Acres FP	2015-10-30		Yellow	+
Hearts Practice	2016-09-09	test1		+
Mt Hood Medical Center	2015-11-06			+
NW Primary Practice	2016-02-17	EPIC		+
Rainshadow Clinic	2016-03-10			+
Riverside clinic	2016-06-09	EPIC	Green	+
Seaside Medical	2016-04-21	eClinicalWorks		+
Test o' matic	2015-11-30	Epic	Red	+
Test Practice	2016-01-21		Green	+
Third Fake Organization	2016-01-14			+

Showing 1 to 13 of 13 entries

Previous Next

Last GYR Rating is the rating from the most recent monthly visit to a Practice.

To add a contact from this page, click the + sign for New Contact for that Practice.

Database sections required by contact type

All sections in the database; Required, quarterly in-person visits; Required, other monthly visits; Ad-hoc visits and HIT-only visits (ORPRN only) are all the different sections in the intervention tracker.

ONLY the required sections for each type of visit will show up for you to complete for each visit.

All sections in the database	Required, quarterly in-person visits	Required, other monthly visits	Ad-hoc visits	HIT-only visits (ORPRN only)
Contact information: type, date, duration	X	X	X	X
Observations of environment and team dynamics	X			
Attending staff	X	X	X	X
Topics discussed checklist	X	X	X	X (HIT topics only)
Contact for staff member survey	X (Welcome visit only)			
High Leverage Changes	X	X		
PDSA Cycles	X	X		
HIT Tiering	X	X		
Green Yellow Red	X	X		
Tiering tool	X			
QICA	X (Welcome and 4 th quarter only)			
Disruptions	X			
Comments and Field Notes	X	X	X	X

'X' indicates which sections are required for each visit type. ONLY these sections will show up for each type of visit.

How to enter your data into the Practice contacts data entry form- Next 8 slides

Depending on the type of visit chosen, different sections of the database will show up. Use the table on the previous slide as a guide.

New Contact for Good Shepherd Medical Group

Type of Contact: Quarterly in-person visit

Date of Contact: _____

Duration of Contact (mins): _____

Observations of Environment and Team Dynamics: _____

15 required monthly contacts
Quarterly in-person visit
Other required contact
HIT only
HIT-only visit
Ad-hoc
Other ad-hoc contact

Use Observations of Environment and Team Dynamics box to note observations about how the team functions, comments about aesthetics of the Practice, feel of the space, etc...

Attending Staff

Troy Legore (Practice manager) TLegore@gshealth.org

+ Add Staff Member

You can add a staff member at + Add Staff Member, as well as in the staff section of the recruitment section. Here it will allow you to enter the name, email address and the role the person has in the Practice but will NOT allow you to designate the person as the Primary Contact for the Practice. You must go to the recruitment section to update Primary Contact information. See slide 5.

Topics Discussed

Topics Discussed: Check all topics that apply

For all visits, please indicate the topic(s) discussed. You can click all that apply, and/or fill in an additional topic as 'other'.

HIT-specific		
EHR data extraction		
<input type="checkbox"/> Work with EHR vendor	<input type="checkbox"/> Validate data	<input type="checkbox"/> Data errors
<input type="checkbox"/> Work with 3rd party vendor	<input type="checkbox"/> Meaningful Use	<input type="checkbox"/> Coding/IT needs
<input type="checkbox"/> Work on custom queries	<input type="checkbox"/> Generate clinical quality measure reports	<input type="checkbox"/> Create data displays
	<input type="checkbox"/> Submit ABCS measures to study team	<input type="checkbox"/> Point of care reminders

QI Processes		
<input type="checkbox"/> Review/collect Self-Assessment Survey	<input type="checkbox"/> Brainstorm ideas	<input type="checkbox"/> Identify roles/responsibilities
<input type="checkbox"/> Share best practices from another site	<input type="checkbox"/> Observe team/clinic flow	<input type="checkbox"/> Provide QI meeting support
<input type="checkbox"/> Discuss PDSA cycles or action planning	<input type="checkbox"/> Facilitate a consensus discussion	<input type="checkbox"/> Huddles
<input type="checkbox"/> Support workflow design	<input type="checkbox"/> Connect practice to another practice	<input type="checkbox"/> Review data
<input type="checkbox"/> Leadership meeting	<input type="checkbox"/> Supply a tool or resource to support work	<input type="checkbox"/> Data displays/run-charts
<input type="checkbox"/> Review/discuss organizational guidelines	<input type="checkbox"/> Discuss value-based measurement	

Other	
<input type="checkbox"/> Other	Please specify: <input style="width: 80%;" type="text"/>

Contact for Staff Member Survey

Name	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>

Please fill out Contact for Staff Member Survey after the Welcome visit even if you think we have the information already.

High Leverage Changes

H2N High Leverage Changes

Please rate this practice's progress since your last required contact on every High Leverage Change listed below.

HLC		Progress
Embed clinical evidence on ABCS into daily work to guide care for patients	<input type="radio"/> Not a priority <input type="radio"/> Planning, little/no progress <input type="radio"/> Making progress <input type="radio"/> Done/in place already	<input type="radio"/> Did not discuss
Utilize reliable, robust data to understand and improve ABCS measures	<input type="radio"/> Not a priority <input type="radio"/> Planning, little/no progress <input type="radio"/> Making progress <input type="radio"/> Done/in place already	<input type="radio"/> Did not discuss
Establish a regular QI process involving cross-functional teams (QI, care team, huddles, all staff)	<input type="radio"/> Not a priority <input type="radio"/> Planning, little/no progress <input type="radio"/> Making progress <input type="radio"/> Done/in place already	<input type="radio"/> Did not discuss
Identify at-risk patients for prevention	<input type="radio"/> Not a priority <input type="radio"/> Planning, little/no progress <input type="radio"/> Making progress <input type="radio"/> Done/in place already	<input type="radio"/> Did not discuss
Define roles and responsibilities (task populations) to manage ABCS	<input type="radio"/> Not a priority <input type="radio"/> Planning, little/no progress <input type="radio"/> Making progress <input type="radio"/> Done/in place already	<input type="radio"/> Did not discuss
Deepen patient self-management support	<input type="radio"/> Not a priority <input type="radio"/> Planning, little/no progress <input type="radio"/> Making progress <input type="radio"/> Done/in place already	<input type="radio"/> Did not discuss
Develop robust linkages to smoking cessation, CDSMP and other evidence-based community resources	<input type="radio"/> Not a priority <input type="radio"/> Planning, little/no progress <input type="radio"/> Making progress <input type="radio"/> Done/in place already	<input type="radio"/> Did not discuss

You will need to indicate progress – based on your observations, conversations, and any data – on the 7 High Leverage Changes (HLC).

‘Did not discuss’ should only apply to the Welcome visit . If you feel you need to use it for other visits, please clearly explain why in the comments/field notes box at the end.

Tests of Change, HIT, Green-Yellow-Red Assessment

Tests of Change

Please list any tests of change (PDSA cycles) that this practice has done since your last monthly contact.

PDSAs that you indicated were ongoing (testing continuing) during your last contact will automatically show up in the table below. Please be sure to re-rate their status. Are they still being tested or have they been abandoned or accepted?

PDSA Cycle	Corresponding HLCs	Status	Comments (optional)
<input type="text"/>	<input type="checkbox"/> Embed evidence <input type="checkbox"/> Define roles <input type="checkbox"/> Use data <input type="checkbox"/> Patient self-management <input type="checkbox"/> QI process <input type="checkbox"/> Community resources <input type="checkbox"/> Identify patients <input type="checkbox"/> Other	<input type="text" value="Continuing testing"/> <input type="text" value="Adopted change"/> <input type="text" value="Abandoned"/>	<input type="text"/>

[Add Test](#)

You will need to indicate the tests of change the Practice is working on, what HLC the test corresponds to, and the current status of the test. Comments are helpful in highlighting details or concerns. NOTE: You will not put in any tests of change for the Welcome visit.

Health Information Technology (HIT)

EHR Vendor	<input type="text"/>
HIT Tier	<input type="text" value="v"/>
Please rate your overall level of confidence in the <u>quality</u> of the ABCS data that this practice is able to produce.	<input type="text" value="v"/>

- Very confident
- Confident
- Somewhat confident
- Not confident

Green-Yellow-Red Assessment of Progress

What is your assessment of this practice's ability to continue to make progress at this point in time? Your confidence in their ability to make progress may be based on their activities, overall change capacity, and/or other relevant internal and external factors. Mark each site as green, yellow or red using the definitions provided, then indicate the activities or situations on which you are basing your rating. (A practice will likely move back and forth throughout the initiative based on current conditions and situations.)

Green	Yellow	Red
This site is actively engaged in the project and successfully using QI methods to improve care around the ABCS measures. They appreciate encouragement and occasional support, but their needs are minimal.	This site is engaged, but their progress is hindered by current situations/activities. They require additional support and closer progress.	This site has barriers or issues that are currently impeding progress. They need close monitoring or

Assessment:

Activities or Situations for Rating:

Assessment is a *point-in-time* assessment of a Practice's ability to progress in this work. It is likely Practices will move back and forth between the categories over the 15 months as conditions/ situations in their Practice change. It is very important to indicate why you chose the category (G, Y or R) each month. Describe specific details.

HIT tier status will be entered for the Welcome visit and can be changed and updated during any of the additional quarterly visits. You will also indicate your confidence level in the quality of their EHR data.

Tiering Tool for Capacity

Tiering Tool for Capacity

The Tiering Tool includes descriptions of the characteristics sites may possess at various phases of their journey toward developing change capacity and improving health care delivery. Using the definitions/examples provided for each tier, identify where this practice is with respect to capacity. Base your assessment on what you have observed or learned from the practice up to the next level unless you feel confident that the changes it has made to date will likely be sustained.

You can click on the title of each column to review the descriptions.

	LIMITED CHANGE CAPACITY	BASIC CHANGE CAPACITY	MODERATE CHANGE CAPACITY	ADVANCED CHANGE CAPACITY
Baseline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quarter 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quarter 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quarter 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quarter 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You will need to indicate your sense of the Practice's capacity for change (and the work of making improvements). Please keep in mind the following:

- You will only be able to fill in the current quarter.
- Practices will only move up the scale, if they move at all, *unless there is some very compelling change in circumstances*. If this happens, please make sure to clearly describe in the comments/field notes box.
- Practices may not increase capacity during this initiative, so will stay in one category the entire time.

Quality Improvement Change Assessment (QICA)

Quality Improvement Change Assessment

HLC 1: Embed clinical evidence on ABCS into daily work to guide care for patients

Items	Lowest ... Highest			
1. Comprehensive, guideline-based information on prevention or chronic illness treatment	...is not readily available in practice. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	...is available but does not influence care. <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	...is available to the team and is into care protocols and/or rem	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

The QICA will be filled out *with the team* at the Welcome visit and during the 4th quarterly required in-person visit. There are 7 sections that align with the 7 HLCs. Each question is scored from a 1 – 12. As the scores increase, it indicates a greater level of implementation of the listed item. **After saving this data entry form, you will see the percentage score for each of the 7 sections. See slide 19.**

HLC 2: Utilize reliable, robust data to understand and improve ABCS measures

Items	Lowest ... Highest			
2. Performance measures	...are not available for the clinical site. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	...are available for the clinical site, but are limited in scope.. <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	...are comprehensive – including clinical, operational, and patient experience measures – and available for the practice, but not for individual providers.. <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	...are comprehensive – including clinical, operational, and patient experience measures – and fed back to individual providers. <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12
3. Reports on care processes or outcomes of care	...are not routinely available to practice teams. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	...are routinely provided as feedback to practice teams but not reported externally. <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	...are routinely provided as feedback to practice teams, and reported externally (e.g., to patients, other teams or external agencies) but with team identities masked. <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	...are routinely provided as feedback to practice teams, and transparently reported externally to patients, other teams and external agencies. <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12

HLC 3: Establish a regular QI process involving cross-functional teams

Items	Lowest ... Highest			
4. The responsibility for conducting quality improvement activities	...is not assigned by leadership to any specific group. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	...is assigned to a group without committed resources. <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	...is assigned to an organized quality improvement group who receive dedicated resources. <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	...is shared by all staff, from leadership to team members, and is made explicit through protected time to meet and specific resources to engage in QI. <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12
5. Quality improvement activities	...are not organized or supported consistently. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	...are conducted on an ad hoc basis in reaction to specific problems. <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	...are based on a proven improvement strategy in reaction to specific problems. <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	...are based on a proven improvement strategy and used continuously in meeting organizational goals. <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12
6. Quality improvement activities are conducted by	...a centralized committee or department. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	...topic-specific QI committees. <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	...all practice teams supported by a QI infrastructure. <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	...practice teams supported by a QI infrastructure with meaningful involvement of patients and families. <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12

Items	Lowest ... Highest			
7. Registry or panel-level data	...are not available to assess or manage care for practice populations. ○ 1 ○ 2 ○ 3	...are available to assess and manage care for practice populations, but only on an ad hoc basis. ○ 4 ○ 5 ○ 6	...are regularly available to assess and manage care for practice populations, but only for a limited number of diseases and risk states. ○ 7 ○ 8 ○ 9	...are regularly available to assess and manage care for practice populations, across a comprehensive set of diseases and risk states. ○ 10 ○ 11 ○ 12
8. Registries on individual patients	...are not available to practice teams for pre-visit planning or patient outreach. ○ 1 ○ 2 ○ 3	...are available to practice teams but are not routinely used for pre-visit planning or patient outreach. ○ 4 ○ 5 ○ 6	...are available to practice teams and routinely used for pre-visit planning or patient outreach, but only for a limited number of diseases and risk states. ○ 7 ○ 8 ○ 9	...are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states. ○ 10 ○ 11 ○ 12
9. A standard method or tool(s) to stratify patients by risk level	...is not available. ○ 1 ○ 2 ○ 3	...is available but not consistently used to stratify all patients. ○ 4 ○ 5 ○ 6	...is available and is consistently used to stratify all patients but is inconsistently integrated into all aspects of care delivery. ○ 7 ○ 8 ○ 9	...is available, consistently used to stratify all patients and is integrated into all aspects of care delivery. ○ 10 ○ 11 ○ 12
10. Visits	...largely focus on acute problems of patient. ○ 1 ○ 2 ○ 3	...are organized around acute problems but with attention to ongoing illness and prevention needs if time permits. ○ 4 ○ 5 ○ 6	...are organized around acute problems but with attention to ongoing illness and prevention needs if time permits. The practice also uses subpopulation reports to proactively call groups of patients in for planned care visits. ○ 7 ○ 8 ○ 9	...are organized to address both acute and planned care needs. Tailored guideline-based information is used in team huddles to ensure all outstanding

QICA (continued)

HLC 5: Define roles and responsibilities (tasks) across the care team to identify and manage ABCS populations

Items	Lowest ... Highest			
11. Non-physician practice team members	...play a limited role in providing clinical care. ○ 1 ○ 2 ○ 3	...are primarily tasked with managing patient flow and triage. ○ 4 ○ 5 ○ 6	...provide some clinical services such as assessment or self-management support. ○ 7 ○ 8 ○ 9	...perform key clinical service roles that match their abilities and credentials. ○ 10 ○ 11 ○ 12
12. The practice	...does not have an organized approach to identify or meet the training needs for providers and other staff. ○ 1 ○ 2 ○ 3	...routinely assesses training needs and ensures that staff are appropriately trained for their roles and responsibilities. ○ 4 ○ 5 ○ 6	...routinely assesses training needs, ensures that staff are appropriately trained for their roles and responsibilities, and provides some cross training to permit staffing flexibility. ○ 7 ○ 8 ○ 9	...routinely assesses training needs, ensures that staff are appropriately trained for their roles and responsibilities, and provides cross training to ensure that patient needs are consistently met. ○ 10 ○ 11 ○ 12
13. Care plans	...are not routinely developed or recorded. ○ 1 ○ 2 ○ 3	...are developed and recorded but reflect providers' priorities only. ○ 4 ○ 5 ○ 6	...are developed collaboratively with patients and families and include self-management and clinical goals, but they are not routinely recorded or used to guide subsequent care. ○ 7 ○ 8 ○ 9	...are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service. ○ 10 ○ 11 ○ 12
14. Clinical care management services for high-risk patients	...are not available. ○ 1 ○ 2 ○ 3	...are provided by external care managers with limited connection to practice. ○ 4 ○ 5 ○ 6	...are provided by external care managers who regularly communicate with the care team. ○ 7 ○ 8 ○ 9	...are systematically provided by the care manager functioning as a member of the practice team, regardless of location. ○ 10 ○ 11 ○ 12

HLC 6: Deepen patient self-management support for action planning around ABCS

Items	Lowest ... Highest			
15. Assessing patient and family values and preferences	...is not done. ○ 1 ○ 2 ○ 3	...is done, but not used in planning and organizing care. ○ 4 ○ 5 ○ 6	...is done and providers incorporate it in planning and organizing care on an ad hoc basis. ○ 7 ○ 8 ○ 9	...is systematically done and incorporated in planning and organizing care. ○ 10 ○ 11 ○ 12
16. Involving patients in decision-making and care	...is not a priority. ○ 1 ○ 2 ○ 3	...is accomplished by provision of patient education materials or referrals to classes. ○ 4 ○ 5 ○ 6	...is supported and documented by practice teams. ○ 7 ○ 8 ○ 9	...is systematically supported by practice teams trained in decision-making techniques. ○ 10 ○ 11 ○ 12
17. Self-management support	...is not provided	...is accomplished by referral to self-management classes or educators. ○ 4 ○ 5 ○ 6	...is provided by goal setting and action planning with members of the practice team. ○ 7 ○ 8 ○ 9	...is provided by members of the practice team trained in patient empowerment and problem-solving methodologies. ○ 10 ○ 11 ○ 12

HLC 7: Develop robust linkages to smoking cessation, CDSMP and other evidence-based community resources

Items	Lowest ... Highest			
18. Test results and care plans	...are not communicated to patients. ○ 1 ○ 2 ○ 3	...are communicated to patients based on an ad hoc approach. ○ 4 ○ 5 ○ 6	...are systematically communicated to patients in a way that is convenient to the practice. ○ 7 ○ 8 ○ 9	...are systematically communicated to patients in a variety of ways that are convenient to patients. ○ 10 ○ 11 ○ 12
19. Patients in need of specialty care, hospital care, or supportive community-based resources	...cannot reliably obtain needed referrals to partners with whom the practice has a relationship. ○ 1 ○ 2 ○ 3	...obtain needed referrals to partners with whom the practice has a relationship. ○ 4 ○ 5 ○ 6	...obtain needed referrals to partners with whom the practice has a relationship and relevant information is communicated in advance. ○ 7 ○ 8 ○ 9	...obtain needed referrals to partners with whom the practice has a relationship, relevant information is communicated in advance, and timely follow-up after the visit occurs. ○ 10 ○ 11 ○ 12
20. Linking patients to supportive community-based resources	...is not done systematically. ○ 1 ○ 2 ○ 3	...is limited to providing patients a list of identified community resources in an accessible format. ○ 4 ○ 5 ○ 6	...is accomplished through a designated staff person or resource responsible for connecting patients with community resources. ○ 7 ○ 8 ○ 9	...is accomplished through active coordination between the health system, community service agencies and patients and accomplished by a designated staff person. ○ 10 ○ 11 ○ 12

Disruptions to Practice & Comments and Field Notes

Disruptions to Practice

Have there been any of the following major changes in this practice in the last 12 months? Check all that apply.

Implemented a new or different Electronic Health Record (EHR)	<input type="checkbox"/>
Moved to a new location	<input type="checkbox"/>
Lost one or more clinicians	<input type="checkbox"/>
Lost one or more office managers or head nurses	<input type="checkbox"/>
Been purchased by or affiliated with a larger organization	<input type="checkbox"/>
New billing system	<input type="checkbox"/>
Other	<input type="checkbox"/>

You will indicate if there have been any disruptions to the Practice. They could be one of the items listed or you can identify an 'other'. **NOTE: For the Welcome visit, you are looking back 12 months. For the following 4 quarterly visits, you will be looking back at the previous 3 months.**

Comments and Field Notes

At the end of all visit types, there is a box for comments and field notes. This is the place to share any additional information or explanations about the data you've put in to any of the previous fields for this visit. You can also drop in any field notes you've typed up about the visit. Information from this box will show up on the landing page as a continuous list with the most recent visit at the top.

Save Cancel

Do not forget to **SAVE** your entry! You can make changes later to any visit if you need to.

Coach area Practice display page

Test Practice

Required Site Visits

Visit	Date
Baseline	2016-01-21
Quarter 2	—
Quarter 3	—
Quarter 4	—
Quarter 5	—

This table autofills date of 5 required in-person contacts. Visits must be entered in chronological order for this to autofill correctly.

Click the date to edit an entry.

Coach: Erika Holden

Site Contacts

Use the Site Contacts + sign to enter data from all Practice contacts.

Show 25 entries

Search:

Date	Type	GYR	Disruptions
2016-01-21	Other ad-hoc contact		
2016-01-21	Quarterly in-person visit	Green	Lost clinician

Showing 1 to 2 of 2 entries

Previous 1 Next

View Contact Comments

Click View Contact Comments to see a display of all of the field notes entered for all contacts.

QICA Results from 2016-01-21 (Not Complete!)

HLC #	Total Score	% for HLC
1	5/12	42%
2	8/24	33%
3	0/36	0%
4	0/48	0%
5	0/48	0%
6	0/36	0%
7	0/36	0%

Not Complete error message lets you know that there are questions in the QICA that have not been answered or were accidentally left blank for this visit date. If you need to, you can go back and correct the QICA and press save.

Coach Notes + area will not be used in evaluation. It is solely for coach use. Use the + sign to enter a note for either a follow up item for the Practice or a follow up item for the Coach.

PDSAs for this Practice

PDSA	Contact Date	Status	Comments
test 1	2016-01-21	Continuing testing	ghtjdk
test 3	2016-01-21	Abandoned	
test 2	2016-01-21	Adopted change	
test 1	2016-01-21	Continuing testing	testing testing testing

PDSAs for this Practice is a summary of any PDSA's entered for a visit and will be displayed here.

Coach Notes

Action Items for Practice

Incomplete Complete

Show 25 entries

Search:

Date	Notes
2016-01-28	Dr. Smith will contact their EHR vendor this week for more info on outputting data.

Showing 1 to 1 of 1 entries

Previous 1 Next

Coach Follow-ups

Incomplete Complete

Show 25 entries

Search:

Add Date	Notes
2016-01-28	Call back Feb. 1 to check on progress with EHR vendor

Showing 1 to 1 of 1 entries

Previous 1 Next