I. Operational Characteristic: Patient-Centeredness

Focus Area A: Information to Patients about the Primary Care Medical Home

(Indicate Yes or No to each item)

1. The primary care medical home provides information to the patient about:

   ___ Its mission, vision, and goals. [RI.01.04.03/EP 1]
   Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access.

   ___ The scope of care and types of services it provides. [RI.01.04.03/EP 2]

   ___ How the primary care medical home functions, including the following: [RI.01.04.03/EP 3]
      -- Processes supporting patient selection of a primary care clinician
      -- Involving the patients in his or her treatment plan
      -- Obtaining and tracking referrals
      -- Coordinating care
      -- Collaborating with patient-selected clinicians who provide specialty care or second opinions
      Note: Supporting patients in selecting a primary care clinician may include providing patients with information regarding the clinician’s credentials, area(s) of specialty, interests, languages spoken, and gender.

   ___ How to access the organization for care or information [RI.01.04.03/EP 4]

   ___ Patient responsibilities, including providing health history and current medications, and participating in self-management activities [RI.01.04.03/EP 5]
The patient’s right to obtain care from other clinicians within the primary care medical home, to seek a second opinion, and to seek specialty care [RI.01.04.03/EP 6].

Comments:
____________________________________________________________________
____________________________________________________________________

Focus Area B: Designated Primary Care Clinician

1. Each patient has a designated primary care clinician. [PC.02.01.01/EP 16]
   ___ Yes ___ No
   Comments:
____________________________________________________________________
____________________________________________________________________

2. The primary care medical home allows the patient to select his or her primary care clinician. [RI.01.04.01/EP 7]
   ___ Yes ___ No
   Comments:
____________________________________________________________________
____________________________________________________________________

Focus Area C: Patient Involvement in Own Care Decisions

1. The primary care medical home respects the patient’s right to make decisions about the management of his or her care. [RI.01.02.01/EP 31]
   ___ Yes ___ No
   Comments:
____________________________________________________________________
____________________________________________________________________

2. The interdisciplinary team involves the patient in the development of his or her treatment plan. [PC.02.04.05/EP 11]
   ___ Yes ___ No
   Comments:
____________________________________________________________________
3. The interdisciplinary team **works in partnership with the patient** to achieve planned outcomes. [PC.02.04.05/EP 9]

   ___ Yes        ___ No

   Comments:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. The primary care medical home **respects the patient’s right and provides the patient opportunity** to do the following: [RI.01.02.01/EP32]

   (Indicate Yes or No to each item)

   *Note: This does not imply financial responsibility for any activities associated with these rights. (Refer to LD.04.02.03. EP 7)*

   ___ Obtain care from other clinicians of the patient’s choosing within the primary care medical home
   ___ Seek a second opinion from a clinician of the patient’s choosing
   ___ Seek specialty care

   Comments:
   ___________________________________________________________________
   ___________________________________________________________________
   ________________________________

**Focus Area D: Patient Education, Health Literacy, and Self Management**

1. The interdisciplinary team **identifies the patient’s health literacy needs.** [PC.02.03.01/EP 30]

   *Note: Typically this is an interactive process. For example, patients may be asked to demonstrate their understanding of information provided by explaining it in their own words.*

   ___ Yes        ___ No

   Comments:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. The primary care clinician and the interdisciplinary team **incorporate the patient’s health literacy into the patient’s education.** [PC.02.03.01/EP 31]

   ___ Yes        ___ No
3. Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient’s treatment plan. [PC.01.03.01/EP 44]

___ Yes    ___ No

Comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

4. The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient’s individual needs. [PC.02.03.01/EP 28]

___ Yes    ___ No

Comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

5. The medical record includes the patient’s self-management goals and the patient’s progress toward achieving those goals. [RC.02.01.01/EP 26]

___ Yes    ___ No

Comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
II. Operational Characteristic: Comprehensiveness

Focus Area A: Expanded Scope of Responsibility

1. The primary care medical home manages transitions in care and provides or facilitates patient access to care, treatment, or services including the following: [PC.02.04.03/EP 1]

   Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations.

   (Indicate Yes or No to each item)
   __ Acute care
   __ Management of chronic care
   __ Preventive services that are age- and gender-specific
   __ Behavioral health needs
   __ Oral health care
   __ Urgent and emergent care
   __ Substance abuse treatment

   Comments:
   ______________________________________________________________________
   ______________________________________________________________________

2. The primary care medical home provides care that addresses various phases of a patient's lifespan, including end-of-life care. [PC.02.04.03/EP 2]

   ___ Yes       ___ No

   Comments:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. The primary care medical home provides disease and chronic care management services to its patients. [PC.02.04.03/EP3]

   ___ Yes       ___ No

   Comments:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
4. The primary care medical home provides population-based care. [PC.02.04.03/EP4]

___ Yes    ___ No

Comments:
________________________________________________________________________
________________________________________________________________________

Focus Area B: Team Membership and General Responsibilities

1. The primary care medical home identifies the composition of the interdisciplinary team, based on individual patient needs. [PC.02.04.05/EP1]

___ Yes    ___ No

Comments:
________________________________________________________________________
________________________________________________________________________

2. The members of the interdisciplinary team provide comprehensive and coordinated care, treatment, or services and maintain the continuity of care. [PC.02.04.05/EP 2]

   Note: The provision of care may include making internal and external referrals.

___ Yes    ___ No

Comments:
________________________________________________________________________
________________________________________________________________________

3. The primary care clinician and the interdisciplinary team provide care for a designated group of patients. [PC.02.04.05/EP 4]

___ Yes    ___ No

Comments:
________________________________________________________________________
________________________________________________________________________

4. The interdisciplinary team participates in the development of the patient’s treatment plan. [PC.02.04.05/EP 8]

___ Yes    ___ No

Comments:
________________________________________________________________________
________________________________________________________________________
5. The interdisciplinary team **assesses patients for health risk behaviors**. [PC.02.04.05/EP 12]

   ___ Yes  ___ No

   Comments:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. The interdisciplinary team **monitors the patient’s progress** towards achieving treatment goals. [PC.02.04.05/EP 10]

   ___ Yes  ___ No

   Comments:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
III. Operational Characteristic: Coordination of Care

Focus Area A: Care Coordination

1. The primary care clinician is responsible for making certain that the interdisciplinary team provides comprehensive and coordinated care, treatment, or services and maintains the continuity of care. [PC.02.04.05/EP 5]

   Note: Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in providing care.

   ___ Yes  ___ No

   Comments:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. When a patient is referred internally or externally, the interdisciplinary team reviews and tracks the care provided to the patient. [PC.02.04.05/EP 6]

   ___ Yes  ___ No

   Comments:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. The interdisciplinary team acts on recommendations from internal and external referrals for additional care, treatment, or services. [PC.02.04.05/EP 7]

   ___ Yes  ___ No

   Comments:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. The medical record contains information about the patient’s care, treatment, and/or services that promotes continuity of care among providers. [RC.01.01.01/EP 5]

   Note: This requirement refers to care provided by both internal and external providers.

   ___ Yes  ___ No

   Comments:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
IV. Operational Characteristic: Superb Access To Care

Focus Area A: Enhanced Access to Services

1. The primary care medical home provides patients with access to the following **24 hours a day, 7 days a week**: [PC.02.04.01/EP1]

   Note: Access may be provided through a number of different methods, including telephone, email, flexible hours, websites, and portals.

   (Indicate Yes or No to each item)

   ___ Appointment availability/scheduling  ___ Requests for prescription renewal  
   ___ Test results  ___ Clinical advice for urgent health needs

   Comments:
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

2. The primary care medical home **offers flexible scheduling** to accommodate patient care needs. [PC.02.04.01/EP 2]

   Note: This may include open scheduling, same day appointments, group visits, expanded hours, and arrangements with other organizations.

   ___ Yes  ___ No

   Comments:
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

3. The primary care medical home has a **process to address patient urgent care needs 24 hours a day, 7 days a week**. [PC.02.04.01/EP 3]

   ___ Yes  ___ No

   Comments:
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
V. Operational Characteristic: Systems for Quality/Safety

Focus Area A: Health Information Technology – (HIT) - Related

1. The primary care medical home uses health information technology to do the following: [PC.02.04.03/EP5]

(Indicate Yes or No to each item)

___ Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services
___ Document and track care, treatment, or services
___ Support disease management, including providing patient education
___ Support preventive care, treatment, or services
___ Create reports for internal use and external reporting
___ Facilitate electronic exchange of information among providers
___ Support performance improvement

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. The primary care medical home uses an electronic prescribing process. [MM.04.01.01/EP 21]

___ Yes       ___ No

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3. The primary care medical home uses clinical decision support tools to guide decision making (HIT not required). [PC.01.03.01/EP 45]

___ Yes       ___ No

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Focus Area B: Performance Improvement-Related

1. The primary care medical home collects data on the following: Disease management outcomes. [PL.01.01/EP 28]
   ___ Yes   ___ No

   Comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. The primary care medical home collects data on the following: Patient access to care within time frames established by the hospital. [PL.01.01/EP 29]
   ___ Yes   ___ No

   Comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. The primary care medical home collects data on the following: [PL.01.01/EP 30]
   (Indicate Yes or No to each item)
   ___ Patient experience and satisfaction related to access to care, treatment, or services, and communication
   ___ Patient perception of the comprehensiveness of care, treatment, or services
   ___ Patient perception of the coordination of care, treatment, or services
   ___ Patient perception of the continuity of care, treatment, or services

   Comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. The primary care medical home uses the data it collects on the patient’s perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following: [PL.03.01/EP 11]
   (Indicate Yes or No to each item)
   ___ Patient experience and satisfaction related to access to care, treatment, or services and communication
   ___ Patient perception of the comprehensiveness of care, treatment, or services
   ___ Patient perception of the coordination of care, treatment, or services
   ___ Patient perception of the continuity of care, treatment, or services
5. **Ongoing performance improvement occurs hospital-wide** for the purpose of demonstrably improving the quality and safety of care, treatment, or services. [LD.04.04.01/EP 5]

   ___ Yes   ___ No

   Comments:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Leaders **involve patients in performance improvement** activities. [LD.04.04.01/EP 24]

   *Note: Patient involvement may include activities such as participating on a quality committee or providing feedback on safety and quality issues.*

   ___ Yes   ___ No

   Comments:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. The interdisciplinary **team actively participates in performance improvement** activities. [LD.04.04.01/EP 6]

   ___ Yes   ___ No

   Comments:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

8. The primary care medical home **evaluates the effectiveness** of how the primary care clinician and the interdisciplinary team partner with the patient to support continuity of care and comprehensive, coordinated care. [LD.01.03.01/EP 20]

   ___ Yes   ___ No

   Comments:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
Focus Area C: Competency of Primary Care Clinician and Team

1. Primary care clinicians have the educational background and broad-based knowledge and experience necessary to handle most medical and other health care needs of the patients who selected them. This includes resolving conflicting recommendations for care. [LD.04.01.06./EP 1]

___ Yes  ___ No

Comments:

______________________________________________________________________

______________________________________________________________________

2. Through the privileging process, the organized medical staff determines which practitioners are qualified to serve in the role of primary care clinician. [MS.03.01.01/EP 18]

___ Yes  ___ No

Comments:

______________________________________________________________________

______________________________________________________________________