**General Practice Information**

1. Name of Practice:
2. Please give the following information for this practice site:
3. Total number of staff (non Providers) people ­­­­­\_\_\_\_\_\_\_\_\_ FTE’s \_\_\_\_\_\_
4. Number of providers: \_\_\_\_\_\_\_\_\_\_
5. Type of staff (MAs, RNs, LPNs, MDs, NP/PA, CNM, admin staff, LCSW, pharmacy, care managers, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What is the 1st available opportunity with any provider for:
   1. Urgent care (chest pain, asthma attack, etc.) \_\_\_\_\_\_\_ days.
   2. Acute care (cold, sore throat, etc.) \_\_\_\_\_\_ days.
   3. Routine care (chronic care, physicals, etc.) \_\_\_\_\_\_\_ days.
   4. Requested Family planning services \_\_\_\_\_\_\_\_\_\_days.
2. On average, how many patients are seen in the practice per day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. On average, how many patients are seen per provider per day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many total patients are in your practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do members of this practice serve as preceptors to medical students or residents?

* Yes
* No

1. If yes please list annual average number of:

Residents\_\_\_\_\_\_\_\_\_ Medical Students\_\_\_\_\_\_\_\_

**Patient Population**

1. Please give the **approximate** percentage of your patients by gender and age
2. Women of reproductive age (14-49) **\_\_\_\_\_**%
3. Women over age 50 **\_\_\_\_\_**%
4. Men (any age) \_\_\_\_\_\_%
5. Adolescents (age 13-18) \_\_\_\_\_\_\_\_%
6. Children \_\_\_\_\_\_\_\_\_%
7. Please give the **approximate** percentage of your patients in the following racial/ethnic categories:
8. Hispanic or Latino **\_\_\_\_\_**%
9. White non-Hispanic **\_\_\_\_\_**%
10. Black/African American **\_\_\_\_\_**%
11. American Indian or Alaska Native **\_\_\_\_\_**%
12. Native Hawaiian or Pacific Islander**\_\_\_\_\_**%
13. Asian **\_\_\_\_\_**%
14. Other \_\_\_\_\_%
15. Please give the **approximate** percentage of your patients (not revenue) in the following payor categories:
16. Medicare**\_\_\_\_\_\_\_\_\_**%
17. Medicaid**\_\_\_\_\_\_\_\_\_\_**%
18. Capitation**\_\_\_\_\_\_\_\_\_**%
19. Discounted Fee for Service**\_\_\_\_\_\_\_\_\_**%
20. Uninsured**\_\_\_\_\_\_\_\_\_\_**%
21. Please give the **approximate** percentage of your patients in the following age categories:

0-18**\_\_\_\_\_**% 45-65**\_\_\_\_\_**%

19-44**\_\_\_\_\_**% 65 and over**\_\_\_\_\_**%

**Practice Management**

How often does this practice hold regular meetings to discuss business issues?

**🞎 Weekly 🞎 Monthly 🞎 Quarterly 🞎 Annually 🞎 Never 🞎 Other:\_\_\_\_\_\_\_\_**

1. If meetings are held, who attends meetings regularly (check all that apply)

* Physicians
* Other Clinicians
* Nursing staff
* Office staff

1. How often does this practice hold regular meetings to discuss clinical issues?

🞎 Weekly 🞎 Monthly 🞎 Quarterly 🞎 Annually 🞎 Never 🞎 Other:\_\_\_\_\_\_\_\_

1. If meetings are held, who attends meetings regularly (check all that apply)

* Physicians
* Other Clinicians
* Nursing staff
* Office staff

1. Do you regularly use any of the following reminder systems? (check all that apply)

|  |  |
| --- | --- |
| * + - Computer clinician reminders     - Checklists/Flowcharts in general     - Checklists/Flowcharts for chronic diseases     - Checklists/Flowcharts for screening     - Risk factor chart stickers     - Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * + - Computer recall system (for patients needing services)     - Telephone recall of patients needing services by nurse/office staff     - Patient reminder cards     - Periodic chart audit     - Registry |

1. How are decisions made most often in the practice?
   * + Leaders make decisions on their own
     + Leaders consult with middle management and then make decisions
     + Leaders consult with middle management and staff and then make decisions
     + Leaders delegate decisions to middle management
     + Leaders, management, and staff jointly make decisions
2. What are the workflow issues that cause the greatest problems in your office? (Check all that apply)

|  |  |
| --- | --- |
| * + - Having medical records unavailable at the time of the office visit     - Unable to stay on schedule     - Poor legibility of records     - Patients unable to access physician when they need     - Inefficient use of resources   Other : List | * + - Chart chasing     - Handling patient phone calls     - Results (labs, x-rays, consults) tracking and follow-up     - Medication refills     - Appointments unavailable for necessary patient visits     - Long patient waiting times during visits |

**Information Technology**

1. \*Are your medical records (check all that apply)

* Handwritten \_\_\_\_\_\_\_\_\_ %
* Dictated/transcribed \_\_\_\_\_\_\_\_\_\_%
* Computerized \_\_\_\_\_\_\_\_\_\_\_% (entered by the provider/staff on site)

1. Please describe the practice’s computer setup below:
2. Number of work stations/monitors \_\_\_\_\_\_\_\_
3. Are your computers linked in a network?
   * + Yes
     + No
4. What functions do these computers serve for your practice? (Check all that apply)

|  |  |
| --- | --- |
| * + - Patient scheduling     - Financial data management     - Electronic claims submission     - Patient clinical management     - E-mail     - General clinical educational information retrieval   (web or other) | * + - Patient communication     - Health plan reports     - Electronic prescribing     - Referral request submission     - Electronic transmission of lab results |

If you use an electronic medical record in your practice:

\*Vendor: \_\_\_\_\_\_\_\_\_\_\_\_

Used in room (during patient visit)? Yes **🞎** No **🞎**

Exchanges data with external systems (e.g. lab, pharmacies, consultants)? Yes **🞎** No **🞎**

Is it used for 100% patient record keeping (a “paperless office”)? Yes **🞎** No **🞎**

1. Do you currently create reports or use a patient tracking system or registry to manage patients with similar conditions (such as diabetes)?
   * + Yes
     + No

If yes, what do you do with the data? (Check all that apply)

* + - Share with all clinicians
    - Share with administrative staff
    - Generate mailed reminders for patients
    - Generate phone reminders for patients
    - Track quality of care (for example, patients receiving necessary tests)
    - Identify groups of patients
    - Plan patient care
    - Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What data are you currently collecting and reporting to the clinic, organization, funders, government?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \*Are there plans to purchase or make major modifications to the current practice computer system in the next 12 months? Yes **🞎** No **🞎**

If yes, what computer functions will these additions/modifications effect:

* + - Patient scheduling
    - Financial data management
    - Patient clinical management
    - E-mail
    - Electronic prescribing
    - General clinical educational information retrieval (web or other)
    - Patient communication
    - Website marketing
    - Network Server
    - Other

**Prescriptions**

1. On average, what is the estimated number of follow-up calls or faxes your practice receives each week for Rx issues?

|  |  |
| --- | --- |
| * + - None     - <10     - 10-19     - 20-29 | * + - 30-39     - 40-49     - 50-59     - > 60 |

**Laboratory**

1. Where do you get your lab services?

\_\_\_\_\_\_\_\_Quest \_\_\_\_\_\_ LabCorp \_\_\_\_\_\_\_\_\_ Hospital

\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Thinking about how your practice receives lab reports, please estimate what percentage is received by each of the following settings.

\_\_\_% Electronic \_\_\_% Hard copies (printer in office or delivery)

\_\_\_% Fax \_\_\_% Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On average, about how many calls each week do you or your staff make to the lab about lab reports?

|  |  |
| --- | --- |
| * + - None     - <5 | * + - 5 -10     - >10 |

**Clinical Services**

1. **Which of the following clinic services does your office perform?**

* Well woman prevention \_\_\_Yes \_\_\_ No \_\_\_Refer out
* Acute non-GYN sick visits \_\_\_Yes \_\_\_ No \_\_\_Refer out
* Chronic disease management \_\_\_Yes \_\_\_ No \_\_\_Refer out
* Pregnancy care \_\_\_Yes \_\_\_ No \_\_\_Refer out
* Pediatric care \_\_\_Yes \_\_\_No
* “Quick Start” Birth control \_\_\_Yes \_\_\_No
* “HOPE” visits \_\_\_Yes \_\_\_No

*(Hormonal Options without Physical Exam)*

* Pregnancy termination \_\_\_Yes \_\_\_No \_\_\_Refer out
* Nexplanon placement \_\_\_Yes \_\_\_No \_\_\_Refer out
* IUD placement \_\_\_Yes \_\_\_No \_\_\_Refer out
* Colposcopy \_\_\_Yes \_\_\_No \_\_\_Refer out
* Counselling (brief or long term) \_\_\_Yes \_\_\_No \_\_\_Refer out
* Office dispensing of medications \_\_\_Yes \_\_\_No
  + Which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Do you have a multivitamin distribution program? \_\_\_Yes \_\_\_\_No
* Immunizations \_\_\_Yes \_\_\_No \_\_\_Refer out
  + Which ones? ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which risk screenings do you routinely perform and with which tool?**

* Depression \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Interpersonal Violence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Tobacco Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Substance abuse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BMI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Disease risks (DM, HTN, Cholesterol, Thyroid)
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are any of these types of counseling offered in a structured way? (check all that apply)**
   * + Diet \_\_\_onsite \_\_\_ offsite
     + Exercise \_\_\_onsite \_\_\_offsite
     + Tobacco cessation \_\_\_onsite \_\_\_offsite
     + Asthma management \_\_\_onsite \_\_\_offsite
     + Diabetes management \_\_\_onsite \_\_\_offsite
     + Substance abuse \_\_\_onsite \_\_\_offsite
     + Domestic abuse \_\_\_onsite \_\_\_offsite
2. **Do you currently create/use a reproductive life plan which each woman of reproductive age?**

\_\_\_\_YES \_\_\_\_\_NO

If yes, how is this documented? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QI Experience**

1. \*Has your practice ever participated in a quality improvement project?

Yes **🞎** No **🞎**

**Satisfaction Surveys**

1. Does the practice have a formal process for routinely measuring patient satisfaction?
   * + Yes
     + No

1. Has the practice evaluated patient satisfaction within the last year?
   * + Yes
     + No
2. Does the practice have a formal process for routinely measuring staff satisfaction?
   * + Yes
     + No
3. Has the practice evaluated staff satisfaction within the last year?
   * + Yes
     + No

**Thank you for taking the time to provide this information.**