**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.**