

Health Care Home (HCH) Clinic Readiness Survey

Clinic Code: _____

In this survey, Medical Home/Health Care Home is abbreviated by “HCH”.
Throughout this survey, fields identified with an asterisk (*) must be completed.

1. **Official clinic name:*** _____ **City:*** _____

2. **Please identify the person(s) completing survey:**

Person 1*	Person 2 (if applicable)
Name: _____	Name: _____
Title: _____	Title: _____
Email address: _____	Email address: _____

3. **Do you consent to release your contact information to the Minnesota Department of Health (MDH), the Minnesota Department of Human Services (DHS), and their subcontractors (MAPF, MAFP, MACP, Stratis Health) for future HCH activities:*** (choose Yes or No)

- Yes, I consent to release of email address(es)
- No, please keep email address(es) private

4. **Which statement best describes your clinic?*** (choose one)

- Independent medical group (example: physician owned)
- Medical group component of integrated delivery system
- Hospital-based clinic
- Federally Qualified Health Center (FQHC)
- Community Health Center or similar practice
- Academic practice
- Other (please specify): _____

5. **Please indicate the 2009 budgeted staffing (Full Time Equivalent-FTE) at your clinic for the following:*** (Format: XX.XX (example 3.75), if you do not have the specific staff listed, enter 0.00)

Physicians FTE: _____	Nurse Practitioners FTE: _____
Residents FTE: _____	Physician Assistants FTE: _____

6. **Which of the following providers/services are available at your clinic?*** (choose Yes or No)

	Yes	No		Yes	No
Family medicine			Registered nurses		
Pediatrics			Designated care coordinators		
General internal medicine			Pharmacists		
Med/peds			Therapists (PT, OT, or Speech)		
Obstetrics/gynecology			Patient educators (diabetes, health)		
Surgical services			Mental health professionals		
Social workers			Community health workers		
Dietitians			Medical interpreters		

7. Are some of the components of HCHs already implemented in your clinic?*

(choose Yes, No, or I don't know)

- Yes
- No
- I don't know

8. If "No" to question 7, has your clinic considered implementing HCH concepts?* (choose Yes, No, or I don't know)

- Yes
- No
- I don't know

9. Is your clinic considering seeking recognition as a Patient-Centered Medical Home by the National Committee for Quality Assurance (NCQA)?* (choose Yes, No, or I don't know)

- Yes
- No
- I don't know

10. Has your clinic participated in the Minnesota Medical Home Learning Collaborative?*

(choose Yes, No, or I don't know)

- Yes
- No
- I don't know

11. If applicable, please name the physician or other health care provider who is leading the clinic towards transformation to a HCH:

Name: _____ Email address: _____

12. What are possible benefits of HCH implementation in your clinic?*

(choose Yes, No, or I don't know)

	Yes	No	I don't know		Yes	No	I don't know
Improved quality through involvement of patients and families				Better coordination of care and reduction in duplication or unnecessary services			
Improved time management for staff and clinicians				Partnering more with patients and families in their care			
Improved ratio of cost to value of care				Supportive working environment for care teams			
Payment for coordinating care				Improved patient access to care			
Improved overall health of the clinic population				Reduced overhead costs			
Improved patient experience				Other: (please specify below)			

13. What are possible barriers to HCH implementation in your clinic?*

(choose Yes, No, or I don't know)

	Yes	No	I don't know		Yes	No	I don't know
Certification process				Lack of understanding about HCH			
Perception of HCH as a gate-keeping model				Not a strategic priority for the clinic at this time			
Lack of patient insurance coverage				Lack of infrastructure/tools (e.g. EHR)			
Workforce shortages/staff time				Motivation			
Start-up and/or organizing costs				Other: (please specify below)			

The next set of questions is based on the HCH Standards and Criteria currently under development for HCH certification in Minnesota. The five HCH Standards are: *Access/Communication; Patient Tracking and Registry Functions; Care Coordination; Care Plans; Performance Reporting and Quality Improvement.*

Access/Communication

14. Does your clinic offer the following to your patients?*

(choose Yes, No, Working to implement, or I don't know)

	Yes	No	Working to implement	I don't know
An on-call primary care provider (physician, nurse practitioner, or physician assistant) directly or via a phone triage system 24 hours/day 7 days/week				
Same-day appointments through a pre-determined protocol				
A protocol to determine which patients with acute care needs will be seen same-day or next day				
After hours medical care				
Secure email for your patients to communicate with the clinic/providers				
Telemedicine for your patients				
Timely communication of test results to patients				
A process to identify patients who are discharged from nursing home, hospital, skilled care facility and process for clinic follow-up				
Spanish interpreter services				
Somali interpreter services				
Hmong interpreter services				

15. Does your clinic have a process to identify your patient’s preferred method of communication for the following?* (choose Yes, No, Working to implement, or I don’t know)

	Yes	No	Working to implement	I don’t know
Preferred language				
Communication by phone				
Communication by mail				
Communication by email				

Patient Tracking and Registry Functions

16. Does your clinic have patient tracking and registry functions (electronic, searchable list of patient data to identify, track, and coordinate care) for the following?*

(choose Yes, No, Working to implement, or I don’t know)

	Yes	No	Working to implement	I don’t know
A patient database or registry to manage preventive care (e.g. mammography, colonoscopy, etc.)				
A patient database or registry to manage chronic disease (e.g. diabetes, hypertension, etc.)				

17. The term “electronic health record” is an electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization. An EHR is a real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision-making. The EHR can automate and streamline a clinician’s workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting. EHR is considered more comprehensive than the concept of an Electronic Medical Record (EMR).

Does your clinic have a fully implemented electronic health record (EHR)?*

(choose Yes, No, or I don’t know)

- Yes
- No
- I don’t know

18. If “No” to question 17, is your clinic working to implement an EHR within 6 months?* (choose Yes, No, or I don’t know)

- Yes
- No
- I don’t know

19. The recent federal stimulus bill provides opportunities for physicians and other health professionals who serve Medicare or higher numbers of Medicaid patients to receive incentive payments for meaningful use of an electronic health record (EHR).

Based upon a recent review (2008 or 2009 data) of your clinic’s mix of patient payer types, please indicate your clinic’s approximate percent of patients covered by Medicaid.*

(choose one)

- Less than 30% of clinic patients are covered by Medical Assistance (MN Medicaid) or by a Prepaid Medical Assistance Plan
- Greater than or equal to 30% of clinic patients are covered by Medical Assistance (MN Medicaid) or by a Prepaid Medical Assistance Plan
- I don’t know
- I choose not to respond

20. **Please indicate your clinic’s approximate percent of patients covered by Medicare.***

(choose one)

- Less than 30% of clinic patients are covered by Medicare or by a Medicare Advantage plan
- Greater than or equal to 30% of clinic patients are covered by Medicare or by a Medicare Advantage plan
- I don’t know
- I choose not to respond

Care Coordination

21. **Does your clinic have the following?*** (choose Yes, No, Working to implement, or I don’t know)

	Yes	No	Working to implement	I don’t know
Coordination of resources to help patients/their families to achieve health care goals				
Referral of resources to help patients/their families to achieve health care goals				
A referral tracking process for specialty referrals, admissions to hospitals, or skilled nursing facilities				
A protocol/process used by the clinic with patient when it learns of emergency room use, hospitalization or other discharge plan				
Shared decision making with patients and/or their families				

22. **Does your clinic have a care coordinator, or person who works with clinic staff, providers, patients/family and community resources to ensure that medical follow-up is provided and who communicates daily with medical providers?*** (choose Yes, No, or I don’t know)

- Yes
- No
- I don’t know

23. If “Yes” to question 22, **which of the following best describes the care coordinator in your clinic?*** (choose all that apply)

- A staff position with other clinic responsibilities
- A staff position with only care coordination duties
- Shared with another clinic
- A contracted provider (not staff)
- Provided by a health plan
- Available only by phone
- None of the above

Care Plans

24. Does your clinic develop care plans with your patients who have complex or chronic care needs?*

(choose Yes, No, or I don't know)

- Yes
- No
- I don't know

25. If "Yes" to question 24, does your clinic include any of the following in your care plans for patients who have complex or chronic care needs?* (choose Yes, No, Working to implement, or I don't know)				
	Yes	No	Working to implement	I don't know
Contact information				
A plan for after hours care when needed				
A plan for emergencies (acute episodes of a chronic condition)				
A plan for preventive services				
A plan for care of chronic health conditions				
Your patient's input/ideas included in the plan				
End-of-life/advance directives (when appropriate)				
Documentation about supports needed for activities of daily living (ADLs)				
Documentation of durable medical equipment (DME) needed				
Caregiver support needed				

Performance Reporting and Quality Improvement

26. Does your clinic have a quality improvement team at the practice level?*

(choose Yes, No, or I don't know)

- Yes
- No
- I don't know

27. If "Yes" to question 26, does your clinic's quality improvement team include the following members? (choose all that apply)
<input type="checkbox"/> Patients/families <input type="checkbox"/> Direct service staff <input type="checkbox"/> Providers <input type="checkbox"/> Other: (please specify) _____ <input type="checkbox"/> None of the above <input type="checkbox"/> I don't know

28. Does your clinic have/use the following?* (choose Yes, No, Working to implement, or I don't know)

	Yes	No	Working to implement	I don't know
Training on quality improvement methods for staff and quality improvement team members				
Learning collaborative(s) with other clinics to improve outcomes				
Standardized care guidelines or evidence-based practice guidelines				
Surveys of your patients and/or their family members to measure satisfaction with care delivery				
Surveys of your patients and/or their family members to measure level of their engagement in patient care				
Surveys of your patients about their perception/experience of receiving care at your clinic				

29. Does your clinic regularly involve patients and/or their family in their care?*

(choose Yes, No, or I don't know)

- Yes
- No
- I don't know

30. If "Yes" to question 29, patients and/or their family of this clinic:* (choose Yes, No, Working to implement, or I don't know)				
	Yes	No	Working to implement	I don't know
Are included in decision-making about their care				
Are asked what care/treatment support they need				
Receive information about community resources (transportation, health insurance, school-based services, home nursing care)				
Are involved in planning for transitions between providers and life stages (ie. children becoming adults, health insurance changes, etc)				
Provide feedback regarding their perception of care through systematic methods (e.g. surveys, focus groups, or interviews);				
Are involved with clinic staff in a process to review survey feedback and problem solving				

Training Preferences

31. Which methods would your clinic prefer to receive training on how to implement the HCH model?* (Rank your top 3 by checking the associated box)

#1	#2	#3	
			Conference call with an interactive web-enabled presentation
			Video-conference in your region
			Webinar: computer-based training broadcast in region/statewide
			Listserve: receive email updates and participate in electronic discussion
			Mailing with a packet of information to review
			In-person meetings by region
			In-person meetings with a small group of clinics
			Other: (please specify) _____

32. If your clinic were to participate in a learning collaborative (a quality improvement activity to learn from other clinics and make changes to improve quality of care in your clinic), what would be your preferred method? (Rank your top 3 by checking the associated box)

#1	#2	#3	
			Conference call with an interactive web-enabled presentation
			Video-conference in your region
			Webinar: computer-based training broadcast in region/statewide
			Listserve: receive email updates and participate in electronic discussion
			Mailing with a packet of information to review
			In-person meetings by region
			In-person meetings with a small group of clinics
			Other: (please specify) _____

33. What training does your clinic need to implement a HCH model?

34. Are there any other comments you would like to provide on HCH implementation?

Thank you for your participation in this survey. Please complete and return this survey by **Friday, April 24, 2009**. If you have a paper survey, please fax this survey to Liesl Hargens: 952-853-8503.

Thank you for your participation!

How do health care homes differ from the primary care provided today?

Today's Care	Health Care Homes (HCHs)
Patients are recipients of services by providers and clinics.	Patients and families are partners in providing and planning care.
My patients are those who make appointments to see me.	Our patients are those who are registered in our health care home.
Care is determined by today's problem and time available today.	Care is determined by a proactive plan to meet patient needs without visits.
Care varies by memory or skill of the provider.	Care is standardized using evidence-based guidelines.
Patients are responsible for coordinating their own care.	A team coordinates care of the patient with patients and families.
I know I deliver high quality care because I'm well trained.	We measure the quality of care we provide and make rapid changes to improve it.
It's up to the patient to tell us what happened to them.	We track tests and follow-up after emergency department visits and hospital admissions.
Clinical operations center on meeting the doctor's needs.	Members of a multidisciplinary team works at the top of their licenses to serve patients.
Clinical operations are paid for direct patient services.	We provide ongoing care coordination to our patients and receive extra payments for this service by state public programs and commercial insurance companies.
I attend clinic-sponsored training.	The health care home participates in a learning collaborative with other health care homes.