

## On-Site Medical Home Practice Assessment Checklist Illinois Medical Home Project (IMHP)

CYSHCN are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. Examples of chronic conditions that could be included in this group include, but are not limited to, diabetes, asthma, cystic fibrosis, cerebral palsy, Down syndrome, sickle cell anemia, muscular dystrophy, spina bifida, hydrocephalus, obesity, involvement in early intervention programs.

<b>Date:</b> /    /		<b>Completed by:</b>	
<b>Name of Practice:</b>			
<b>Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Phone:</b>		<b>Fax:</b>	<b>E-Mail:</b>
<b>Describe Practice Setting (circle one):</b> Ground Level      Upper Level      Lower Level			
<b>Describe Your Practice Type/Model:</b>			
<b>Estimate # of Patients Served by This Practice (average per year):</b>		<b>Estimate # of Weekly Pt Visits (incl. night and weekend):</b>	<b>How Confident Are You in This Estimates? (Scale 1-10; 10 high):</b>
<b>Estimate # of CSHCN (as defined above):</b>			<b>How Confident Are You in This Estimates? (Scale 1-10; 10 high):</b>
<b>Number of Providers: MD'S</b>		<b>ARNP'S</b>	<b>PA'S –</b>
Full Time:		Full Time:	Full Time:
Part time:		Part Time:	Part Time:
<b>Other (specify)</b>		Full Time:	
		Part Time:	
<b>Population Served (Race/Eth):</b>	Non-Hispanic White:      %	Non-Hispanic Black:      %	Asian (incl. Indian):      % Hispanic:      %
	Native Hawaiian/Pacific Islander:      %	Native American/Alaska Native:      %	Mixed Race:      %
<b>Population Served (Insurance):</b>	Public insurance only (Medicaid/KidCare):      %	Private insurance only:      %	Self/No Pay:      %
	Both Private and Public:      %	Other:      %	DSCC Children:      % <b>or</b> Known Number: _____
<b>Are above data estimated or from hard data? (circle one):</b> Estimated      Hard Data			
<b>Languages other than English spoken by practice staff</b> (please specify language and number of staff for each):			
<b>Languages spoken by families:</b> English -      %		Spanish -      %	Other (specify) -      %      Other (specify)-      %
<b>Are translation services available?</b>		<b>If yes, please explain:</b>	

**Practice Environment Assessment of Characteristics of a Medical Home**

**This part of the checklist may be completed by the surveyor without the assistance of office staff.**

<b>ACCESSIBLE: Physical</b>				
	<b>1 = Not at All Accessible; 2 = Somewhat Accessible; 3 = Mostly Accessible; 4 = Totally Accessible</b>			
1.	How wheel chair accessible is the facility?	1	2	3 4
2.	How accessible is the bathroom for children with disabilities?	1	2	3 4
3.	If elevators are needed, how accessible are they accessible for children with disabilities? NA	1	2	3 4
4.	Are elevators currently operating? Yes /No /NA			
5.	Does the practice building have ramps that make the practice accessible to children with disabilities when needed?	1	2	3 4
<b>OTHER ENVIRONMENTAL ISSUES:</b>				
	<b>1 = Not at all thorough; 2 = Somewhat thorough; 3 = Mostly Thorough; or 4 = Totally thorough</b>			
8.	How thorough is the bulletin board in the waiting room announcing health related community events?	1	2	3 4
9.	How thoroughly does the practice display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children and families served by the practice?	1	2	3 4
10.	How thoroughly does the practice display magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children and families served by the practice? Give examples of materials provided in waiting area:	1	2	3 4
11.	How thoroughly does the practice ensure that toys and other play accessories in reception areas and those, which are used during assessment, are representative of the various cultural and ethnic groups within the local community and the society in general? Give examples of toys available:	1	2	3 4

**In-Office Practice Assessment of Characteristics of a Medical Home**

List Practice Staff Involved With Completing Checklist:

**The questions below are organized by the 7 facets of the Medical Home Model put forth by the AAP.**

**CSHCN are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.**

**Instructions: Answer each of the following questions utilizing the response choices provided below. When applicable, apply the scale as follows: 1 = None of the Time; 2 = Some of the Time; 3 = Most of the Time; or 4 = All of the Time.**

<b>ACCESSIBLE: Patient</b>		<b>None; Some; Most; All</b>			
		<b>Circle One</b>			
1.	Are all insurance plan types accepted? Yes; No If “yes”, how often? If not, please explain:	1	2	3	4
2.	How often does practice accept Medicaid/KidCare patients?	1	2	3	4
3.	How often does practice accept new Medicaid/KidCare patients on an ongoing basis? If “none of the time” please explain method to limit:	1	2	3	4
4.	If a patient’s insurance changes to Medicaid/KidCare how often do you continue to see him or her?	1	2	3	4
5.	If a patient’s private insurance changes to a plan you do not accept, how often do you continue to see him or her?	1	2	3	4
6.	How often are families who ask given access to their medical records?	1	2	3	4
7.	How often are families given any written material indicating that they can have access to their medical records?	1	2	3	4
8.	How often are families able to speak to a physician when needed?	1	2	3	4

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9.	How often are practice physicians available by phone 24 hours a day, 7 days a week, 365 days a year?	1	2	3	4
10.	How often does the practice staff assist with getting disabled children in and out of the facility when needed?	1	2	3	4
11.	Is the location of the practice accessible by public transportation within four blocks? Yes/No				
12.	Is there a computer in the practice available for families to research health information? Yes/No If yes, how much of the time is the computer operational?	1	2	3	4

<b>FAMILY-CENTERED</b>					
1.	In the past three years, how many times has the practice surveyed families to determine their level of satisfaction with the practice? 1 = never; 2 = 1x; 3 = 2x; 4 = $\geq 3x$	1	2	3	4
		None;Some;Most;All			
2.	How frequently can the family select the provider of their choice (if doctor is in the office) for sick visits?	1	2	3	4
3.	How frequently can the family select the provider of their choice (if doctor is in the office) for well visits?	1	2	3	4
4.	How frequently does the practice query families of CSHCN regarding special issues or concerns for the visit when they call to schedule an appointment?	1	2	3	4
5.	How frequently does the practice automatically schedule extra time for an office visit for CSHCN who have complex medical conditions?	1	2	3	4
<b>CONTINUOUS</b>					
1.	How frequently does the practice assist adolescents with special needs by providing information and consultation on transition to adult health care? If none, skip to question #4.	1	2	3	4 Not Applicable
2.	How frequently does the practice assist adolescents with special needs by providing information and consultation on transition to adult health care that is specifically tailored to the adolescent?	1	2	3	4 Not Applicable
3.	How frequently does the practice assist adolescents with special needs by providing information and consultation on transition to adult health care that is specifically tailored to the adolescent with the whole family in mind?	1	2	3	4 Not Applicable
4.	How frequently do practice physicians participate in hospital or rehabilitation discharge planning? +Estimate what percent of the time practice physicians participate in hospital or rehab discharge planning: 1 = 0%; 2 = 30%; 3 = 60%; 4 = 90 > %	1	2	3	4 Not Applicable

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5.	Estimate what percent of your practice's families have left your practice within the past year. _____%. Reasons (other than moving): _____	None;Some;Most:All					
6.	How frequently do you attempt to learn why families might leave your practice? Please explain:	1	2	3	4		
<b>COMPREHENSIVE</b>							
1.	How often does the practice follow the AAP guidelines for health supervision visits (periodicity schedule)?	1	2	3	4		
2.	Does the practice perform in-office developmental assessments using standardized screening instruments like the PEDS or ASQ?  If other screening instruments are used, please list them:  Describe when the practice performs developmental assessments:	1	2	3	4		
3.	Does the practice provide vision screening when appropriate?	1	2	3	4		
4.	Does practice routinely provide patient and parent anticipatory guidance around the following topics?						
	Nutrition	1	2	3	4		
	Tobacco Cessation	1	2	3	4		
	Age appropriate Injury Prevention	1	2	3	4		
5.	Do you have handout information about the public resources listed below? If yes, how often are they provided to families who need the information?						
	Medicaid/Kidcare	Yes	No	1	2	3	4
	Waivers	Yes	No	1	2	3	4
	Early Intervention Programs	Yes	No	1	2	3	4
	DSCC	Yes	No	1	2	3	4
	SSI	Yes	No	1	2	3	4
	WIC	Yes	No	1	2	3	4

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6.	Do practice physicians develop a problem list or medical history outline for medically complex children seen by this practice that is readily available in the patient's chart?	1	2	3	4
7.	How often does the office implement pediatric clinical practice guidelines developed by organizations such as American Academy of Pediatrics, American Academy of Family Physicians, Agency for Healthcare Research and Quality?	1	2	3	4
	Can you list the top three utilized by this practice? How often are each implemented?	None;Some;Most:All			
	1.	1	2	3	4
	2.	1	2	3	4
	3.	1	2	3	4
8.	Is there a resource library in the practice available to families? Yes; No				
	If yes, how often is the library readily available?	1	2	3	4
	Who maintains the library? _____				
		None;Some;Most:All			
<b>COORDINATED</b>					
1.	Has the practice implemented a system to identify its special needs population prior to scheduled appointments? If yes, what system is used and how often?	1	2	3	4
2.	Does the practice have a care coordinator or some other person designated to assist families of CYSHCN?	1	2	3	4
3.	How often does the practice develop informal chronic condition management care plans for CSHCN? If none, skip to #8.	1	2	3	4
4.	How often does the practice develop formal (written) chronic condition management care plans for CSHCN? If none, skip to #8.	1	2	3	4
5.	How often are chronic condition management care plans written?	1	2	3	4
6.	How often are written plans provided to families?	1	2	3	4
7.	Are written care plans routinely updated?	1	2	3	4
	Please collect two examples of de-identified care plans for QI purposes.				
8.	How often does the practice initiate communication with specialists?	1	2	3	4

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9.	How often do specialists follow-up with practice regarding referrals?	1	2	3	4
10.	When appropriate, does the practice make referrals to the Early Intervention, Child and Family Connections Program? If yes, estimate how many referrals were made to the program in the past 12 months. _____ Describe method(s) used to make referral:	1	2	3	4
11.	When appropriate, does the practice make referrals to the community Head Start program? If yes, estimate how many referrals were made to the program in the past 12 months. _____ Describe method(s) used to make referral:	1	2	3	4
12.	How often does the practice assist families with requesting IEPs or 504 plans?	1	2	3	4
13.	Is the practice accessible to parents and schools when IEPs or written care plans are not implemented or services are not meeting the child and family's needs?	1	2	3	4
14.	How often are informal clinical evaluation and progress reports provided to the practice by OTs, PTs, and speech therapists?	1	2	3	4
15.	How often are formal clinical evaluation and progress reports provided to the practice by OTs, PTs, and speech therapists?	1	2	3	4
16.	Protocols to refer to appropriate specialists are in place for infants who fail:	None;Some;Most;All			
	1. N/B metabolic screening	1	2	3	4
	2. N/B hearing screening	1	2	3	4
17.	How frequently does the practice provide families-in-need with information regarding support groups and other family resources?	1	2	3	4
18.	Does the practice have access to a local directory or database of community resources for children and families with SHCN? If yes, how often is the resource provided to families? <b>Obtain a copy if in protocol.</b>	No	Yes		
19.	Is a central record or database containing pertinent information, including hospitalizations and specialty care, maintained at the practice?	1	2	3	4

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<b>COMPASSIONATE</b>					
1.	How familiar is the entire office with the AAP policy statement on the Medical Home published in July 2002 in Pediatrics? (1= not familiar, 2= a little familiar, 3 = somewhat familiar, 4 = very familiar)	1	2	3	4
2.	Describe how families in turmoil are supported by practice: % Proactive (beside manner): _____ % Reactive (no bedside manner but good at providing needs): _____ % Other (neither of above): _____  (surveyor to code based upon a scale of 1 to 4 later based upon response)	1	2	3	4
<b>CULTURALLY EFFECTIVE</b>					
1.	How often does the practice use bilingual staff or trained/certified interpreters for office visits when children and families have limited English proficiency?	1	2	3	4
2.	If your practice provides families with written information, how often are these materials written in families' native languages?  Give examples of types of communications provided such as brochures or bulletin board announcements.	1	2	3	4

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<b>QUALITY IMPROVEMENT</b>		<b>None; Some; Most: All</b>			
1.	Does the practice currently have a process in place for doing quality improvement (QI)? <b>If no, stop here.</b> If yes, are families from the practice involved with the QI process?	No (0)	Yes (1)		
		1	2	3	4
2.	Have QI goals and objectives been developed for this practice? If yes, state goals and objectives:	1	2	3	4
3.	Has the practice developed QI measures? If yes, describe what measures are used and how they are being tracked for QI purposes:	1	2	3	4

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<b>SCORING SUMMARY</b>		<b>SCORE</b>		
<b>Num of Q</b>		<b>Actual</b>	<b>Total</b>	<b>Percent</b>
5	ACCESSIBLE: Physical		17	%
	If elevator NA		12	%
4	OTHER ENVIRONMENTAL ISSUES		16	%
13	ACCESSIBLE: Patient		46	%
5	FAMILY-CENTERED		20	%
5	CONTINUOUS		20	%
	If 1,2,3 NA		8	%
	If 4 NA		16	%
	If 1,2,3,4 NA		4	%
19	COMPREHENSIVE		73	%
20	COORDINATED		77	%
2	COMPASSIONATE		8	%
2	CULTURALLY EFFECTIVE		8	%
4	QUALITY IMPROVEMENT		13	%
<b>79</b>	<b>TOTAL</b>			
<b>COMMENTS:</b>				

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 Revised by Wendy Guo 08/15/2005