

Doctor's Office Quality – Information Technology (DOQ-IT) Practice Performance Improvement

Practice Readiness Assessment Form

Once you are enrolled in the DOQ-IT project, you will be asked to complete this Practice Readiness Assessment form. Please complete this form and return it via e-mail or fax to the QIO in your state.

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Is DOQ-IT the right project for you?

Physician Office Name: _____

Lead Physician Name: _____

UPIN #: _____ **Date Completed:** _____

Patient Population

1. How many patients do you see in your office on an average day? 0–20 patients > 20 patients

2. Of your patients seen daily, what percentage are Medicare fee-for-service beneficiaries? ____ %

2a. Of your patients seen daily, what percentage are managed care (commercial, Medicare + Choice, and Medicare Advantage)? ____ %

3. Of all your patients seen daily, what percentage has one or more chronic illnesses (e.g., CAD, diabetes, hypertension, osteoarthritis, heart failure, depression)? ____ %

Practice Workflow Problems

4. Please check the workflow issues that cause the **greatest problems** in your office: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Having medical records unavailable at time of office visit | <input type="checkbox"/> Chart chasing |
| <input type="checkbox"/> Unable to stay on office schedule | <input type="checkbox"/> Phone and fax processing |
| <input type="checkbox"/> Poor legibility of medical records | <input type="checkbox"/> Results (e.g., labs, referrals), tracking, and follow-up |
| <input type="checkbox"/> Patients unable to access physician when they want/need | <input type="checkbox"/> Patient satisfaction |
| <input type="checkbox"/> Patient waits | <input type="checkbox"/> Medication refills |
| <input type="checkbox"/> Inefficient use of resources | <input type="checkbox"/> Timely referrals |
| <input type="checkbox"/> Other _____ | |

5. Of your patients seen daily, how many are seen without an available medical record? _____

6. What workflow solutions have you implemented or considered? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hired a practice management consultant | <input type="checkbox"/> Outsourcing billing services |
| <input type="checkbox"/> Hired additional clinicians (e.g., NP, PA) | <input type="checkbox"/> Changed workflow to address inefficiencies |
| <input type="checkbox"/> Reorganized supplies in exam room/office | <input type="checkbox"/> Changed/added staffing to address phone triage |
| <input type="checkbox"/> Implemented patient tracking system | <input type="checkbox"/> Automated phone service |
| <input type="checkbox"/> Other _____ | |

Practice Management

7. Does your practice use an electronic registration, scheduling, and/or billing system? Yes No

7a. If you answered yes, please list all of these systems.

8. Do you currently create reports or use a registry (patient tracking system) method to manage patients with similar conditions (e.g., diabetes, cardiac)? Yes No

8a. If yes, what do you do with the data? (Check all that apply)

- Share with all physicians
- Share with other clinicians (e.g., NP, PA, RN)
- Share with administrative staff
- Generate reminders for patients
- Track quality of care (e.g., A1C, Eye exam)
- Identify groups of patients
- Plan patient care
- Other _____

8b. If yes, do you share the data electronically in any form? Yes No

9. If any of the following applications were available to you, would you be interested in using them? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> EHR system | <input type="checkbox"/> Disease management systems |
| <input type="checkbox"/> E-prescribing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> E-laboratory (e.g., orders, reports) | |

10. How many of the following do you have in your practice (all sites)?

- _____ Non-physician clinicians
- _____ RN/LVN
- _____ Other office staff

11. Do you conduct staff (clinicians and administrative staff) meetings? Yes No

11a. If yes, what are some of the discussion topics? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Workflow | <input type="checkbox"/> Interesting medical cases |
| <input type="checkbox"/> Patient satisfaction issues | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Revised procedures | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Management of chronic disease | _____ |

11b. If yes, what is the frequency of the meetings?

- | | |
|---|--|
| <input type="checkbox"/> Once per week | <input type="checkbox"/> Once per year |
| <input type="checkbox"/> Once per month | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Once per quarter | |

11c. If yes, what is the average length of your staff meeting? _____

12. How much of the administrative staff's daily work is spent on inefficient tasks? (e.g., searching for misplaced medical charts)?

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 1 hour | <input type="checkbox"/> > 2 hours |
| <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> Other _____ |

Laboratory

13. Thinking about the laboratory services your practice uses, please estimate what percentage is **referred to** each of the following settings.

- | | |
|-------------------------|---|
| ____ % In office | ____ % Community hospital or medical center |
| ____ % Quest Diagnostic | ____ % Other |
| ____ % LabCorp | |

14. Thinking about how your practice receives lab reports, please estimate what percentage is **received by** each of following methods.

- | | |
|-------------------|--|
| ____ % Electronic | ____ % Hard copies (Printer in office or delivery) |
| ____ % Fax | ____ % Other _____ |

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

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 5-10 |
| <input type="checkbox"/> < 5 | <input type="checkbox"/> > 10 |

Prescriptions

16. On average, what is the number of new (non-refill) prescriptions you write **daily**?

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 30-39 |
| <input type="checkbox"/> < 10 | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 10-19 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 20-29 | <input type="checkbox"/> ≥ 60 |

17. On average, how many refills or renewal requests do you authorize **daily**?

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 30-39 |
| <input type="checkbox"/> < 10 | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 10-19 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 20-29 | <input type="checkbox"/> ≥ 60 |

18. On average how many patients per day need their prescriptions **rewritten**?

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 5-10 |
| <input type="checkbox"/> < 5 | <input type="checkbox"/> > 10 |

19. On average, please estimate the number of follow-up calls or faxes your practice receives each **week** for RX issues?

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 30-39 |
| <input type="checkbox"/> < 10 | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 10-19 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 20-29 | <input type="checkbox"/> ≥ 60 |

Clinical Referrals

20. How many referrals to specialists do you make each week?

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 5-10 |
| <input type="checkbox"/> < 5 | <input type="checkbox"/> > 10 |

Transcription Services

21. Do you use transcription services in your practice? Yes No

21a. If yes, what are your average transcription costs per month? \$ _____

Billing

22. What is your current method of billing? (Check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Electronic | <input type="checkbox"/> Contracted external services |
| <input type="checkbox"/> Paper-based | <input type="checkbox"/> Other _____ |

23. What are your average claims turn around time (TAT) from submission to payment?

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 30 days | <input type="checkbox"/> > 60 days |
| <input type="checkbox"/> 30-60 days | <input type="checkbox"/> Other _____ |

24. Do you have any problems with or concerns about your coding? Yes No

Information Technology

25. Which staff members have direct access to a computer/terminal? (Check all that apply)

- Physicians
- Clinicians (e.g., NP, PA, RN)
- Administrative staff
- Other _____

26. What is the total number of computers in your practice? _____

26a. Number of workstations? _____

26b. Are your computers connected to a network? Yes No

26c. Do you share documents or information on your network? Yes No

26d. Do you communicate within your practice using e-mail? Yes No

27. Does your practice have a high-speed Internet connection? Yes No

27a. If yes, is the Internet connection used by the staff daily? Yes No

27b. If yes, what are the primary uses for the Internet connection? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Pub Med (or other online peer reviewed resource) | <input type="checkbox"/> Electronic Claims Submission |
| <input type="checkbox"/> Hospital / Medical Center (data transfer) | <input type="checkbox"/> E-labs |
| <input type="checkbox"/> Medical charts | <input type="checkbox"/> Transcription |
| <input type="checkbox"/> Health plan reports | <input type="checkbox"/> Referral request submission |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> E-prescribing | <input type="checkbox"/> Other _____ |

28. Does your Practice Management System (PMS)/billing system provide interfaces to EHR system(s)?

Yes No

29. Do you want assistance in selecting an EHR system? Yes No

29a. If yes, in what areas do you feel the greatest assistance might be? _____

Why, _____

30. Do you want assistance in implementing an EHR system? Yes No

30a. If yes, where do you feel the greatest assistance might be? _____

Why: _____

Electronic Challenges

31. Have you explored any EHR systems? Yes No

31a. If yes, how have you gone about it? (Check all that apply)

- Read an article in peer reviewed journal
- Attended a vendor demonstration
- Completed an online vendor return on investment
- Talked to a colleague who uses EHR
- Visited colleague's practice to see EHR
- Read an article in trade/medical magazine(s)
- Other _____

32. If you have not implemented an EHR system, why not? (Please prioritize in order with "1" being the most important and "10" being the least important)

- ___ Financial constraints
- ___ Unable to secure all partners'/clinicians' commitment to use EHR
- ___ Vendor support was inadequate for technological needs
- ___ Initial data entry is too labor intensive
- ___ Vendor stability and viability
- ___ Software requires extensive customization to fit into practice
- ___ Already spending additional hours at office every day
- ___ Difficult to select a system
- ___ Do not know where to begin
- ___ Other _____

33. Who is the physician champion who will lead this EHR effort?

Physician Name: _____

UPIN: _____

Current EHR Users Only – Answer remaining questions

34. Who was involved in the decision to purchase an EHR system?

- 1 physician
- All the physicians at the practice
- Entire staff at the practice
- Other _____

35. Were your partners and staff as eager to progress to EHR as you were? Yes No

36. What are your goals (benefits) for using an EHR? (Please prioritize in order with “1” being the most important and “9” being the least important)

- | | |
|--|--|
| ___ Reduce transcriptions costs | ___ Receive return on investment associated with software/hardware |
| ___ Reduce paper based medical charts and filing charts | |
| ___ Reduce administrative costs associated with practice | ___ Improve phone and fax processing |
| ___ Provide more services to patients per visit | ___ Timely access to patient records |
| ___ Capture all services provided at each visit | ___ Other |

Name of person submitting assessment: _____

Title: _____

Phone: _____