

**DPH SHAPE Project – Practice Readiness Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION INFORMATION:** | | | | | | | | |
| **Name**: | | | | | | **Phone:** | | |
| **Street Address:** | | | | | | | | |
| **City:** | | | **State:** | | | **Zip Code:** | | |
| **Primary Contact:** | | | | | | **Title:** | | |
| **Email:** | | | | | | **Phone:** | | |
| **EHR Project Director:** *Person responsible for business activities related to EHR implementation. May or may not be the same as EHR Champion.* | | | | | | | | |
| **Name:** | | | | | **Title:** | | | |
| **Email:** | | | | | **Phone:** | | | |
| **EHR Champion:** *Clinician with good communication and leadership skills. May or may not be the same as EHR Project Director.* | | | | | | | | |
| **Name:** | | | | | **Title:** | | | |
| **Email:** | | | | | **Phone:** | | | |
| **SMBP Project Director:** *Physician responsible for business activities related to SMBP implementation. May or may not be the same as SBPM Champion.* | | | | | | | | |
| **Name:** | | | | | **Title:** | | | |
| **Email:** | | | | | **Phone:** | | | |
| **SMBP Champion (if applicable):** *Clinician with good communication and leadership skills. May or may not be the same as SMBP Project Director.* | | | | | | | | |
| **Name:** | | | | | **Title:** | | | |
| **Email:** | | | | | **Phone:** | | | |
| **OPERATIONAL INFORMATION:** | | | | | | | | |
| **Which best describes your organization?** | | | | | | | | |
| Primary Care Practice |  | | | Ambulatory Clinic | | |  | |
| FQHC or FQHC look-a-like |  | | | HMO | | |  | |
| CHC |  | | | ACO | | |  | |
| Multi-Specialty Practice |  | | | PCMH | | |  | |
| Practice Consortium |  | | | Other | | |  | |
| **What EHR system does your organization use?** | | | | | | | | |
| Vendor Name: |  | | | | | | | |
| Product Name: |  | | | | | | | |
| Version: |  | | | | | | | |
| Completed 2014 CEHRT upgrade? | Y | N | | Do you have a Patient Portal? | | | Y | N |
| **Check all the applicable staff for your organization:** | | | | | | | | |
| Physicians |  | | | Medical Assistants | | |  | |
| Nurse Practitioners |  | | | Residents | | |  | |
| RNs |  | | | Interns | | |  | |
| LPNs |  | | | Community Health Workers | | |  | |
| Physician Assistants |  | | | Trained in motivational interviewing | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT MIX (data should be reported for January 1, 2016 through December 31, 2016):** | | | | | | | | | | |
| **Number of patients:** | | | | | **Number of patient visits/year:** | | | | | |
| **PATIENT DEMOGRAPHICS (data should be reported for January 1, 2016 through December 31, 2016)** | | | | | | | | | | |
| **Sex:** | Male | | | # | | Other | | | # | |
|  | Female | | | # | |  | | |  | |
| **Ethnicity:** | Hispanic/Latino | | | # | | Not Hispanic/Latino | | | **#** | |
| **Race:** | African American or Black | | | # | | Native Hawaiian or Pacific Islander | | | # | |
| American Indian or Alaska Native | | | # | | White | | | # | |
| Asian | | | # | | Other | | | # | |
| **Age:** | 17 and under | | | # | | 45-64 | | | # | |
| 18-44 | | | # | | 65 and over | | | # | |
| **PAYER MIX:** | | | | | | | | | | |
| Medicare | | % | HMO | | | % | Uninsured/Self-Pay | | % | |
| Medicaid | | % | PPO | | | % | Private Insurance | | % | |
| **INCENTIVE PROGRAM PARTICIPATION:** *Check all that apply* | | | | | | | | | | |
| Meaningful Use | | |  | | | Shared Savings Program | |  | | |
| Physician Quality Reporting System | | |  | | | Patient Centered Medical Home | |  | | |
| Pay for Performance | | |  | | | Accountable Care Organization | |  | | |
| Other *(name):* | | | | | | | | | | |
| **CURRENT PROCESSES:** | | | | | | | | | | |
| Does your organization track NQF 18: Controlling High Blood Pressure in your EHR for Meaningful Use reporting? | | | | | | | | Y | | N |
| Does your organization track NQF 59: Hemoglobin A1c Poor Control in your EHR for Meaningful Use reporting? | | | | | | | | Y | | N |
| Do you produce disease or condition specific patient reports? | | | | | | | | Y | | N |
| If yes, for which disease(s) and/or condition(s)? | | | | | | | | | | |
| *Please describe:* | | | | | | | | | | |
| Does your organization offer a self-measured blood pressure monitoring program? | | | | | | | | Y | | N |
| Do you utilize clinical team/care coordination/panel management meetings? | | | | | | | | Y | | N |
| If yes, how often do they meet? | | | | | | | | | | |
| Is Care Management (i.e. monitoring control and adjusting medication under supervision/direction of PCP but without PCP presence) part of RNs’ role? | | | | | | | | Y | | N |
| If no, can RN staff be allocated to this function? | | | | | | | | Y | | N |
| Do you have EHR dashboard capabilities? | | | | | | | | Y | | N |
| Do you have an EHR system in place that allows clinical staff to communicate in real-time? | | | | | | | | Y | | N |
| If yes, *please describe:* | | | | | | | | | | |