

Domain 4: Patient Centered Care (100 points total)

Question	Points	Summary of Changes	Total Possible Points
<p>Direct Patient Electronic Communication</p> <p>1. Do patients have access to HIPAA compliant, secure, electronic pathway to practitioner offices? (e.g., in-house system or vendor service such as Relay Health.)</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No. <input type="radio"/> Yes. For >25% of our PCPs <input type="radio"/> Yes. For >50% of our PCPs 	<p>0 points</p> <p>3 points</p> <p>6 points</p>		6
<p>Timely Access Survey</p> <p>2. Does your physician organization survey or monitor appointment availability for your practitioners on at least an annual basis?</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No. <input type="checkbox"/> Yes, for PCPs <input type="checkbox"/> Yes, for high volume specialists <hr/> <p>3. If yes to the previous question, please describe the methodology you use.</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Secret shopper" calls <input type="checkbox"/> Periodic physician organization inquiry, annual or more frequently <input type="checkbox"/> Office manager attestation <input type="checkbox"/> Post-visit patient satisfaction survey, etc. <input type="checkbox"/> Reporting channels for this information within the physician organization <input type="checkbox"/> Thresholds of concern <input type="checkbox"/> Any specific interventions undertaken in the last year 	<p>0 points</p> <p>6 points</p> <p>6 points</p> <p>Information only</p>		12

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<p>Same Day Access</p> <p>4. Do PCPs in your physician organization offer same-day primary care access for at least 90% of patients who request it? (e.g., “advanced access,” daily reserved scheduling, or integrated/urgent care walk-in clinics meet the “same-day primary care access” definition.)</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> Cannot quantify <input type="radio"/> Yes. For >25% of our PCPs <input type="radio"/> Yes. For >50% of our PCPs <p>If yes, please specify the actual numbers used to determine the percentage of PCP’s offering these desirable services:</p> <table border="1" data-bbox="207 894 1117 1268"> <thead> <tr> <th>Total eligible PCPs (patient population >200 linked HMO members)</th> <th>Number offering same day access with PCP office</th> <th>Number offering same day access via integrated urgent care</th> <th>Total offering same day access</th> <th>Percentage</th> <th>Date of most recent data. Please use the following date format: XX/XX/XXXX</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>25</td> <td>25</td> <td>50</td> <td>50/100 = 50%</td> <td>Free text- alpha/numeric</td> </tr> </tbody> </table>	Total eligible PCPs (patient population >200 linked HMO members)	Number offering same day access with PCP office	Number offering same day access via integrated urgent care	Total offering same day access	Percentage	Date of most recent data. Please use the following date format: XX/XX/XXXX	100	25	25	50	50/100 = 50%	Free text- alpha/numeric	<p>0 points</p> <p>3 points</p> <p>7 points</p>		<p>7</p>
Total eligible PCPs (patient population >200 linked HMO members)	Number offering same day access with PCP office	Number offering same day access via integrated urgent care	Total offering same day access	Percentage	Date of most recent data. Please use the following date format: XX/XX/XXXX										
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<p>After-Hours Convenience Services and Urgent Care Connectivity</p> <p>5. Does your physician organization have a contractual or formal linkage with an urgent care facility (free-standing, hospital based, or physician organization-affiliated) with electronic and/or FAX next day reports to physician organization or PCP for continuity of care?</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> Urgent care services are available to our patients, but we do not have next-day electronic or FAX reporting channels <input type="radio"/> Yes, for >25% of our patients (e.g. for one regional area or type of medical specialty) <input type="radio"/> Yes, for >50% of our patients 	<p>0 points</p> <p>4 points</p> <p>8 points</p>		<p>8</p>
<p>After-Hours Access to PCP</p> <p>6. Can your patients make appointments or access a PCP office within the physician organization for weekday evening care until 7 PM? (In-office coverage arrangements among PCPs for evening office coverage qualify for "yes.")</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>7. Can your patients make appointments or access a PCP office within the physician organization on Saturdays for at least 4 hours?</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes 	<p>0 points</p> <p>5 points</p> <p>0 points</p> <p>6 points</p>		<p>14</p>

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<p>Culture and Language 10. Does your physician organization sponsor cultural education for providers & staff? Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No. <input type="radio"/> Yes. Available in 2018, voluntary <input type="radio"/> Yes. Available in 2018, incentivized <input type="radio"/> Yes. Available in 2018, obligatory for office staff <input type="radio"/> Yes. Available in 2018, obligatory for both staff & clinicians <p>Culture and Language 11. Please select the type(s) of format used for your education: Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Web based program <input type="checkbox"/> Recommended reading <input type="checkbox"/> Physician organization sponsored, internal lecture series and/or targeted CME <input type="checkbox"/> External Lecture series and/or targeted CME <input type="checkbox"/> On-site visits with staff interaction 	<p>0 points 0 points 2 points 4 points 5 points</p> <p>Information only</p>		5
<p>Culture and Language 12. As part of the cultural competency assessment in patient-centered care, we would like to know if your physician organization offers spoken language interpretation services supplemental to health plans' state-mandated telephonic interpretation services?</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No 	<p>0 points</p>		8

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Question	Points	Summary of Changes	Total Possible Points
<p> <input type="radio"/> Yes, we rely upon bilingual doctors and bilingual staff in offices. We tally language capabilities for our offices on an annual basis and can provide that information on inquiry from patients and/or network physicians </p> <p> <input type="radio"/> Yes, we have a local, in-physician organization program with trained interpreters and/or a physician organization-sponsored telephone or videoconference system </p> <p>Culture and Language</p> <p>13. If you rely on bilingual doctors and bilingual staff in the offices, please describe your approach for offices without language capabilities to match the needs of referred patients. (Free Text Field)</p> <p>Culture and Language</p> <p>14. Does your physician organization offer communications assistance for hearing and/or speech-impaired patients?</p> <p><u>Please select one:</u></p> <p> <input type="radio"/> No </p> <p> <input type="radio"/> Yes </p>	<p>4 points</p> <p>6 points</p> <p>Informational only</p> <p>0 points</p> <p>2 points</p>		
<p>Culture and Language</p> <p>15. Does your physician organization employ one or more case managers with proficiency in a second language?</p> <p><u>Please select all that apply:</u></p> <p> <input type="checkbox"/> No </p> <p> <input type="checkbox"/> Yes, for proficiency in the second most prevalent language in our patient population </p> <p> Please Specify Language (Free Text Field) </p> <p> <input type="checkbox"/> Yes, for proficiency in the third most prevalent language in our patient population </p>	<p>0 points</p> <p>4 points</p> <p>2 points</p>		6

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Question	Points	Summary of Changes	Total Possible Points
Please Specify Language (Free Text Field)			
<p>Language Interpretation Services</p> <p>16. Does your physician organization have a publicly accessible website which offers physician profiles, language capabilities, office communication options, and geographic location?</p> <p>Please select one:</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Yes, our website also has Spanish language content, or alternatively, the language most prevalent in the physician organization’s service population</p>	<p>0 points</p> <p>2 points</p> <p>3 points</p>		3
<p>Language Interpretation Services</p> <p>17. Does your physician organization retrieve patient ethnicity and/or language preference from administrative sources, such as demographic fields on registration or eligibility files?</p> <p>Please select one:</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>0 points</p> <p>4 points</p>		4
<p>Complaints and Grievances</p> <p>18. Does your physician organization have a formal staff function to receive, document, and respond to patient complaints and grievances?</p> <p>Please select one:</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>Please state the Job title and professional degree of the person in charge of this function (Free text field)</p>	<p>0 points</p> <p>4 points</p>		4

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Question	Points	Summary of Changes	Total Possible Points
<p>Preventative Screening and Reminders</p> <p>19. Does your physician organization send reminders (mail, phone, or e-mail) to patients regarding recommended preventive screenings? (Answer “yes” if these are sent by the physician organization centrally, or sent on behalf of individual providers, or sent by doctors using physician organization-supplied information)</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Yes, and we can accommodate and/or customize these to the language preference of our patients 	<p>0 points</p> <p>2 points</p> <p>4 points</p>		4
<p>Home Supports for Seniors and Persons with Disabilities</p> <p>20. Does your physician organization offer home services for patients with access, communications, and transportation difficulties--based upon age and condition? (This is separate from health plan offered benefits)</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>If yes, how are you offering these home services?</p> <ul style="list-style-type: none"> <input type="radio"/> Directly through owned proprietary services <input type="radio"/> Indirectly through vendor contracted services <p>Please select all that your physician organization offers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Home safety inspection (e.g. fall hazards, railings, water temperature, telephonic call-out capability, ramps and stair integrity, electrical outlets and appliances, lighting in hazard prone locations, fire alarms, and kitchen hygiene) 	<p>0 points</p> <p>1 point</p> <p>Information only</p> <p>1 point each (3 points maximum)</p>		4

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<p> <input type="checkbox"/> Drug cabinet inspection for safety, redundancy, expiration, and medication reconciliation <input type="checkbox"/> DME safety and functionality <input type="checkbox"/> Inquiry and/or assessment of emotional well being <input type="checkbox"/> Heat and cold risks in extreme seasons <input type="checkbox"/> Modified telephonic services for hard of hearing <input type="checkbox"/> Meals preparation/home-delivery <input type="checkbox"/> Adult day activities <input type="checkbox"/> Environmental assessment (e.g., asthma, allergy triggers) <input type="checkbox"/> Asthma education <input type="checkbox"/> Other, please specify (Free text field) </p> <p>21. The visiting staff for home support services includes the following team members.</p> <p><u>Please select all that apply:</u></p> <p> <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Advanced Practice Clinicians: Nurse Practitioner and Physician Assistant <input type="checkbox"/> LVN <input type="checkbox"/> Pharmacist <input type="checkbox"/> Licensed home health worker <input type="checkbox"/> Physician <input type="checkbox"/> Contractor or carpenter <input type="checkbox"/> Social worker <input type="checkbox"/> Community health outreach worker <input type="checkbox"/> Collaboration with community agency (e.g. senior center, Meals on Wheels, faith organization, pet support organization, and utility company) <input type="checkbox"/> Nutritionist/Dietician <input type="checkbox"/> Speech/OT/PT <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Telemedicine visits <input type="checkbox"/> Other </p>	<p>Information only</p>		

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<p>Shared Decision-Making</p> <p>22. As a matter of physician organization policy, does your physician organization offer shared decision-making protocols (guideline-based, consistently applied, written, spoken, or video materials identifying choices, risks, and benefits) for 2 or more planned procedures with the physicians?</p> <p>Please select one:</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>If yes, please list the clinical procedures involved. (An audit process may require a Word document or PDF of your protocol.)</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Childhood immunizations <input type="checkbox"/> Adult immunizations <input type="checkbox"/> Circumcisions <input type="checkbox"/> Preventative screening procedures (e.g., mammography and colonoscopy) <input type="checkbox"/> Breast biopsy and cancer surgery <input type="checkbox"/> Prostate cancer interventions <input type="checkbox"/> Invasive cardiology procedures <input type="checkbox"/> Bariatric surgery <input type="checkbox"/> Spine surgery <input type="checkbox"/> Knee and hip replacement <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Others, please specify (free text field) 	<p>0 points</p> <p>3 points</p> <p>4 points for 2 or more in list below</p>		7
<p>Patient Access</p> <p>23. Does your physician organization sponsor a 24-hour telephonic advice line with the capability to notify PCPs of the contact the following day? (This service is different from the customary on-call access to physician.)</p> <p>Please select one:</p> <p><input type="radio"/> No</p>	<p>0 points</p>		2

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<input type="radio"/> Yes	2 points		
<p>Patient Advisory Committee</p> <p>24. Does your physician organization have a formalized channel for patient input to influence physician organization priorities and strategies, such as a Patient Advisory Committee?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, we have a formally, organized board or committee of local lay individuals, which meets with senior members of our staff (either regularly or on an ad-hoc basis).</p> <p><u>If yes, please select the activities in which your Patient Advisory Committee is involved. (An audit process may require a Word document or PDF of your protocol.)</u></p> <p><input type="checkbox"/> This committee reviews patient satisfaction reports, as well as identity-protected complaint and grievance summaries.</p> <p><input type="checkbox"/> This committee reviews identity-protected complaint and grievance summaries.</p> <p><input type="checkbox"/> This committee reviews our quality data and participates in planning for responses for quality improvement.</p> <p><input type="checkbox"/> This committee reviews our utilization statistics and offers opinions regarding priorities.</p> <p><input type="checkbox"/> This committee serves as an accessible “antenna” to receive community input regarding physician organization services.</p> <p><input type="checkbox"/> This committee serves as a “broadcast” beacon for messages to the community at large as well as designated segments of the community (seniors, youth, cultural enclaves, and employees).</p>	<p>0 points</p> <p>2 points</p> <p>4 points for 2 or more selections</p>		6