The COACH Project (COPD Optimization And Concordance with Health coaches): ORGANIZATIONAL SELF-ASSESSMENT

DIRECTIONS FOR COMPLETING THE SURVEY

This survey is designed to assess where each organization participating in the COPD Optimization And Concordance with Health coaches (COACH) project currently ranks regarding COPD care. The instrument is modeled after the format of the Building Blocks Primary Care Assessment (BBPCA) and Patient-Centered Medical Home Assessment Tool (PCMH-A), developed by the MacColl Center for Health Care Innovation. This assessment is designed to be completed by the Project Implementation Team (including site leadership, primary care and specialist clinicians, care management supervisors, community health workers, and a patient living with COPD) as a group at baseline and at 12 months.

1. Answer each question from the perspective of one physical site (e.g., a practice, clinic).

   Please provide name of your site

2. For each row, mark the number that best corresponds to the level of care that is currently provided at your site. The rows in this form present key aspects of patient-centered care. Each aspect is divided into levels showing various stages in development toward higher levels of comprehensive COPD care and care coordination. The stages are represented by points that range from 1 to 12. The higher point values indicate that the actions described in that box are more fully implemented.

   Please provide the names of the individuals completing this form:

3. Print a copy for yourself by clicking here   [Print Form]

4. Please save a copy of this document for your records

Area 1: Knowledge and Use of COPD Guidelines

Components	Level D	Level C	Level B	Level A
1 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines…	…cannot be found anywhere in the clinic space. Providers and staff must seek these guidelines on their own.	…are available in the clinic but not recent, displayed, or easily accessible by providers and/or staff.	…are displayed in various clinic spaces (e.g. provider rooms, exam rooms), but may not reflect the most recent guidelines.	…are prominently displayed in various clinic spaces and reflect the most up to date guidelines.
Score	1 2 3	4 5 6	7 8 9	10 11 12
2. GOLD guidelines are…	…not known to providers and are not utilized in the care of patients who have COPD	…known well by few providers and occasionally utilized to help guide course of treatment for patients who have COPD.	…referred to by some providers and are sometimes utilized to help guide course of treatment for patients who have COPD.	…consistently referred to by most/ almost all providers and help guide course of treatment. Patient medical records will often include notes about patients COPD severity using GOLD guidelines.
Score	1 2 3	4 5 6	7 8 9	10 11 12
3. A patient who comes in for an appointment and is overdue for their influenza and/or pneumococcal vaccines…	… will only get that care if they request it or their provider notices it.	… might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but this is inconsistently used.	…will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, but clinical assistants may not act on these overdue care items without patient specific orders from the provider.	…will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, and clinical assistants may act on these overdue care items based on standing orders.
Score	1 2 3	4 5 6	7 8 9	10 11 12
4. Symptom severity is…	…not measured	…qualitatively measured by asking the patient to describe how they're feeling	…sometimes measured during appointments using formal tools such as the COPD Assessment Test (CAT) or Modified Medical Research Council Dyspnea Scale (mMRC)	…regularly measured during appointments using formal tools such as the COPD Assessment Test (CAT) or Modified Medical Research Council Dyspnea Scale (mMRC)
Score	1 2 3	4 5 6	7 8 9	10 11 12

Area 2: Availability of specialty support

Components	Level D	Level C	Level B	Level A
1. Referrals to pulmonary clinic…	…are not reliable and often do not result in an appointment.	…are available for the clinic site, but are difficult to access and appointments are often not available within 6 months.	… are available and easily accessible. Appointments are typically scheduled 3-6 months from referral date.	… are easily accessible and well incorporated into existing workflows. Appointments are typically scheduled within 3 months from referral date.
Score	1 2 3	4 5 6	7 8 9	10 11 12
2. Pulmonary function testing, such as spirometry…	…is not available.	… is available off-site but workflows on how to secure testing is not clear and ultimately not utilized by clinicians. If spirometry is conducted, results are not readily available to the referring provider.	… is available off-site and is sometimes utilized by clinicians. When spirometry is conducted (within 3-6 months), results are provided back to the referring provider.	… is available on-site and/or off-site in a timely manner (within 3 months). Spirometry results are consistently referred back to the referring provider.
Score	1 2 3	4 5 6	7 8 9	10 11 12

Area 3: Self-Management Support

Components	Level D	Level C	Level B	Level A
1. Patient education regarding COPD…	…is limited to the distribution of information (pamphlets, booklets).	…is accomplished by referral to classes in the community.	… is infrequently available to patients on-site and provided by available staff members.	…is regularly available to patients and provided by members of the practice team trained in patient empowerment and problem-solving methodologies.
Score	1 2 3	4 5 6	7 8 9	10 11 12
2. Inhaler teaching…	…is available only at the patients' request.	…is available by the team, but is not a priority.	… is available, but not consistently offered to patients. When done, inhaler teaching typically happens once.	… is always available and regularly offered to patients following the prescription of new medications and thereafter to reinforce understanding.
Score	1 2 3	4 5 6	7 8 9	10 11 12
3. Techniques such as pursed lip breathing or huff coughing…	… are not taught or known by providers.	… are not taught but are known by some providers.	… are inconsistently taught to patients and is known amongst most providers.	… are taught regularly to patients and is well known by providers.
Score	1 2 3	4 5 6	7 8 9	10 11 12
4. When a patient who has frequent exacerbations calls the clinic with signs of a potential COPD flare up…	… the patient is instructed to go to the ER.	… the patient is instructed to go to urgent care.	… the patient is instructed to come into clinic for a same-day appointment.	… the patient has had prior discussions about what to do in these situations (e.g. has oral steroids, or nebulizer) and will be scheduled for an appointment that week.
Score	1 2 3	4 5 6	7 8 9	10 11 12

Area 4: Resource Availability

Components	Level D	Level C	Level B	Level A
1. Pulmonary rehabilitation is…	… not known to providers and/or not available to this population.	… known to some providers but not commonly utilized as a resource for patients.	… known to most providers, but not commonly utilized as a resource for patients due to external circumstances (i.e., lack of availability).	… known to almost all providers and commonly utilized as a resource for patients.
Score	1 2 3	4 5 6	7 8 9	10 11 12
2. Smoking cessation resources include…	… a prescription for smoking cessation aid with no discussion or education.	… a prescription for smoking cessation aid with little discussion and a pamphlet or directions to a website.	… a prescription for smoking cessation aid with one-time discussion. Classes and support-groups are sometimes available for patients.	… a prescription for smoking cessation aid with on-going discussions. Classes and support-groups are readily available for patients. Patient education handouts are in patient-friendly language and easy to comprehend.
Score	1 2 3	4 5 6	7 8 9	10 11 12
3. Behavioral health resources such as support groups or access to a psychologist…	…are difficult to obtain reliably.	…are available from behavioral health specialists but are neither timely nor convenient.	…are available from behavioral health specialists and are generally timely and convenient.	…are readily available from behavior health specialists who are onsite members of the care team or who work in a community organization with which the practice has a referral protocol or agreement.
Score	1 2 3	4 5 6	7 8 9	10 11 12
4. Equipment such as spacers or nebulizer air tubing…	…are not available at this clinic and are not made aware to patients.	…are not available at the clinic, but are made aware to patients so that they may seek them out if needed.	…are infrequently available at the clinic and are made aware to patients so that they may seek them out if needed.	… are regularly available at the clinic and are made aware to patients so that they may seek them out on their own if needed.
Score	1 2 3	4 5 6	7 8 9	10 11 12
5. Linking patients to supportive community based resources…	…is not done systematically.	…is limited to providing patients a list of identified community resources in an accessible format.	…is accomplished through a designated staff person or resource responsible for connecting patients with community resources.	…is accomplished through active coordination between the health system, community service agencies and patients and accomplished by a designated staff person.
Score	1 2 3	4 5 6	7 8 9	10 11 12