



## TransformMED PCMH Self Assessment

**In less than 5 minutes you can "take the pulse" of your practice**

### **What are your practice's Medical Home Vitals?**

The TransformMED team has identified 12 key measures that form the foundation of a Medical Home. No registration, fee or login is required to access the assessment. It's fast, it's free and it's completely anonymous. (<http://www.transformed.com/Vitals/index.cfm>)

1. Does your medical team and office staff meet at least weekly to discuss office operations and clinical practice functions?

**Yes/No**

2. Have all the providers in your practice agreed to follow consistent evidence-based treatment guidelines?

**Yes/No**

3. Does your practice routinely employ and document a mechanism for tracking tests, referrals and follow-up on results?

**Yes/No**

4. Does your practice conduct pre-visit planning to create reminders for specific tests, medication review, and preventive and follow-up care?

**Yes/No**

5. Does your practice participate in a performance reporting and improvement process at least quarterly?

**Yes/No**

6. On average, 60 percent of each day in my practice's schedule is available for same day appointments.

**Yes/No**

7. Does your practice provide patients with any alternatives to the traditional appointment like e-Visits or group visits?



**Yes/No**

8. Does your practice receive and review monthly reports on the financial status of the practice?

**Yes/No**

9. Has a strategic vision and direction been developed and reviewed by the practice leadership and shared with the staff?

**Yes/No**

10. Does your practice include at least 4 of the following technology components:

- a. Electronic Health Record System
- b. e-Prescriptions
- c. e-Appointment scheduling
- d. Disease/population management software (either part of the EHR or separate system)
- e. Evidence-based decision support
- f. Web-based information sharing with patients (patient portal)
- g. e-Visits

***Yes/No***

11. Does your practice have any kind of formal patient feedback process in place which evaluates the patient's experience/satisfaction?

**Yes/No**

12. Does your practice have the resources and existing infrastructure to commit to planning, managing change, and training employees to adapt to change?

**Yes/No**