

**PRIMARY CARE SITE DATA COLLECTION FORM  
COPD PRACTICE INFRASTRUCTURE ASSESSMENT**

Name of reviewer:		Number of physician FTEs in practice:	
Name of Primary Care Site:		Number of mid-level FTEs in practice:	
Name of informant:		Number of nurse FTEs in practice:	
Date:	/ /	Total number of staff FTE estimate:	

**INSTRUCTIONS:** This survey is designed to evaluate the system of care in place at your practice for patients with Chronic Obstructive Pulmonary Disease (COPD). Please read each question carefully. Please answer from the perspective of the entire practice but feel free to comment if there are components that individual providers use on their own. For the statements that request additional information, please comment in the extra box space available and indicate the condition(s) that the information applies to.

<b>Section A: Organization of the System of Care</b>	
1a. Does the practice have a structured healthcare improvement team?	Yes ___ No ___
1b. IF YES, describe the team (e.g., organization, composition, delegated responsibilities, resources, strategy).	
<b>Section B: Practice Use of Evidence-based Guidelines</b>	
2a. Does the practice use protocols based on evidence-based guidelines for screening, diagnosis, treatment, or management of COPD patients?	Yes ___ No ___
2b. IF YES, where are these protocols located? (e.g., in exam rooms, in patient charts, etc.)	Attached to Patient Chart ___      Exam Rooms ___ Part of an Electronic Chart ___      Flow Chart ___ Other (specify) _____
3a. Does the practice employ a system that reminds providers/staff of specific guidelines/treatment protocols when a patient with COPD has a scheduled visit? (e.g., Disease registry, Flow Chart, etc.)	Yes ___ No ___
3b. IF YES, what methods does the practice employ for reminding providers/staff?	Disease registry ___      Electronic Chart ___ Tickler sheet ___      Other ___ Flow Chart ___



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<p>10a. Does the practice employ specific self-management educational methods for COPD?</p> <p>b. IF YES, what method is used?</p>	<p>Yes ___ No ___</p> <p>Group visits ___ Motivational interviewing ___ Other (please specify) _____</p>
<p>11. Does the practice have an on-site clinical educator to support and reinforce patient self-management and risk factor modification?</p>	<p>Yes ___ No ___</p>
<p>12. How often are treatment plans established and/or managed through collaboration between physicians, clinical educators, and the patient?</p>	<p>Always ___ Sometimes ___ Rarely ___ Never ___</p>
<b>Section D: Integration of Care</b>	
<p>13a. Does the practice maintain timely information about community services and providers (including hospital based services) for patient referral purposes?</p> <p>b. IF YES what type (s) of information are available at the practice (e.g., list of providers, pamphlets, websites, etc.) Check all that apply.</p>	<p>Yes ___ No ___</p> <p>List of providers ___ Pamphlets ___ Websites/telephone #s ___ Other _____</p>
<p>14. Does the practice routinely refer newly diagnosed COPD patients to a pulmonologist for a consultation visit?</p>	<p>Always ___ Sometimes ___ Rarely ___ Never ___</p>
<p>15. The practice <b>provides</b> contacts community service providers (e.g. smoking cessation, nutrition education) about patients referred as part of the referral process.</p>	<p>Always ___ Sometimes ___ Rarely ___ Never ___</p>
<p>16. The practice <b>receives</b> information back about the about patient referred from community services providers.</p>	<p>Always ___ Sometimes ___ Rarely ___ Never ___</p>

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17a. Does the practice routinely refer COPD patients who smoke to a smoking cessation program?	Always ___ Sometimes ___ Rarely ___ Never ___
b. How often does the practice obtain information back from the smoking cessation program as to whether the patient attended the program?	Always ___ Sometimes ___ Rarely ___ Never ___
18a. Does the practice routinely refer COPD patients who would benefit from nutritional counseling to a nutritional education program in the community (or hospital)?	Always ___ Sometimes ___ Rarely ___ Never ___
b. How often does the practice obtain information back from nutritional education program as to whether the patient attended the program?	Always ___ Sometimes ___ Rarely ___ Never ___
<b>Section E: Delivery System Design/Clinical Information System</b>	
19a. Does the practice have a diseases registry?	Yes ___ No ___
b. IF YES, describe (e.g., clinical information system/database tied to evidence-based tools and reminders about needed services).	
20a. Does the practice use an electronic medical record (EMR).	Yes ___ No ___
b. IF NO, how are patient medical records tracked? Please provide examples.	
21. Does the practice have electronic prescribing capabilities?	Yes ___ No ___