

Practice Assessment

In order to gain insight on how to improve patient care, it is imperative that you take time to assess the way your practice functions; especially as it impacts the delivery of breast and cervical cancer prevention and screening for female patients. This tool will evaluate the system of care within your practice. This should be completed by the physician and must be completed prior to starting your chart review.

Please enter the number of women age 18-65 that are your patients and have been seen in your practice over the last two years: _____

For each question, select the one answer that best reflects how your practice currently functions.

1. The way we seek to improve cancer prevention for women in our practice:
 - is not well organized. We are not able to consistently give patients the time, effort, and resources that are needed.
 - focuses on problems as they emerge or as they become an emphasis of other organizations.
 - involves the use of protocols and practice tools.
 - includes an overall improvement strategy. We proactively work to meet our practice goals.

2. In order to improve cancer screening for female patients, partnerships with community organizations such as gynecology offices and imaging centers:
 - do not exist.
 - have not been implemented, but are being considered.
 - are formed to develop supportive policies.
 - are actively sought to develop policies across the entire system.

3. In our practice, self-management support for cancer prevention in women:
 - involves distribution of information such as booklets or pamphlets.
 - includes referral to self-management classes or educators.
 - is provided by trained personnel in our practice who are designated to provide self-management support.
 - is provided by trained personnel in our practice, who are trained in self-management skills, and who discuss cancer prevention with most of our female patients.

4. In our practice, evidence-based guidelines for cancer prevention in women:
 - are not available at the time a patient visits.
 - are not easily accessible, but are available in our practice.
 - are available and integrated into our charting system.
 - are available, supported by physician and staff education, and integrated into care through proven behavior change methods such as reminders.

5. Our practice informs women about cancer prevention guidelines:
 - through an informal process.
 - by giving guideline handouts when patients request information.
 - by giving all patients copies of guidelines appropriate for their care.
 - by giving patient information about guidelines with personalized targets and recommendations on how to achieve patient specific targets.

6. In my practice:
- I have to do almost everything if I want to be sure our patients receive the cancer prevention services they need.
 - although we don't talk about "teams," I do have competent staff to assist me in providing cancer prevention services for our patients.
 - we have regular staff meetings in which we discuss specific issues to improve cancer prevention and screening for our patients.
 - we have a finely tuned team in which each member understands his or her role in maintaining the health of our patients.
7. My patient's health maintenance visits are:
- scheduled by the patient.
 - scheduled by the practice in accordance with guidelines.
 - ensured because my practice team schedules this important patient visits and contacts them if they do not show up as scheduled.
 - customized to each of my patient's specific needs; my practice team is proactive and contacts each patient to check on them between visits.
8. In my practice, coordination of care between our office and other providers of cancer screening and prevention services (such as gynecologists and imaging centers)
- is not done well.
 - depends mostly on written communication.
 - includes written and oral communication.
 - is a high priority and includes active coordination.
9. In our practice, a registry of cancer prevention and screening services:
- is not available.
 - is used to maintain demographic information in either paper or computerized format.
 - is used to identify patients needing clinical services.
 - is tied to guidelines and provides prompts and reminders about needed health services.
10. Cancer screening and prevention reminders to physicians and other team members
- are not available.
 - include general reminders, based on age, but do not describe needed services at the time of a visit.
 - include indications of needed services for patients through periodic reporting.
 - include specific information about guideline adherence at the time of a patient's visit.
11. In our practice, performance feedback for cancer prevention services for women:
- is not available.
 - is provided to the physicians at infrequent intervals or for a limited number of patients.
 - is specific to each physician and occurs often enough to allow for monitoring performance.
 - is timely and specific to each physician. It is routinely reviewed and used to address deficiencies as quickly as possible.