

## Primary Care Practice Profile

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# Primary Care Practice Profile – Modified

## A. Purpose:

Why does your practice exist?

Site Name:	Site Contact:	Date:
Practice Manager:	MD Lead:	Nurse Lead:

**B. Know Your Patients:** Take a close look into your practice, create a “high-level” picture of the PATIENT POPULATION that you serve. Who are they? What resources do they use? How do the patients view the care they receive?

Est. Age Distribution of Patients:	%	List Your Top 10 Diagnoses/Conditions	Top Referrals (e.g. GI Cardiology)					
Birth-10 years		1.	6.					
11-18 years		2.	7.					
19-45 years		3.	8.					
46-64 years		4.	9.					
65-79 years		5.	10.					
80 + years		<b>Patients who are frequent users of your practice and their reasons for seeking frequent interactions and visits</b>		<b>Other Clinical microsystems you interact with regularly as you provide care for patients (e.g. OR, VNA)</b>		<b>Pt Population Census: Do these numbers change by season? (Y/N)</b>		
% Females							<b>#</b>	<b>Y/N</b>
<b>Est. # (unique) pts. In Practice</b>				Patients seen in a day				
<b>Disease Specific Health Outcomes, pg 24</b>				New patients in last month				
Diabetes HgA1c =				Disenrolling patients in last month				
Hypertension B/P =				Encounters per provider per year				
LDL <100 =				<b>Out of Practice Visits</b>				
				Condition Sensitive Hospital Rate				
				Emergency Room Visit Rate				

**C. Know Your Professionals:** Use the following template to create a comprehensive picture of your practice. Who does what and when? Is the right person doing the right activity? Are roles being optimized? Are all roles who contribute to the patient experience listed? What hours are you open for business? How many and what is the duration of your appointment types? How many exam rooms do you currently have? What is the morale of your staff?

Current Staff	FTEs	Comment/Function	3 <sup>rd</sup> Next Available		Cycle Time	Days of Operation	Hours	
Enter names below totals Use separate sheet if needed			PE	Follow-up	Range	Monday		
MD Total						Tuesday		
						Wednesday		
						Thursday		
						Friday		
						Saturday		
NP/PAs Total						Sunday		
						Do you offer the following? Check all that apply.		
RNs Total						<input type="checkbox"/>	Group Visit	
						<input type="checkbox"/>	E-mail	
						<input type="checkbox"/>	Web site	
LPNs Total						<input type="checkbox"/>	RN Clinics	
						<input type="checkbox"/>	Phone Follow-up	
						<input type="checkbox"/>	Phone Care Management	
LNA/MAs Total						<input type="checkbox"/>	Disease Registries	
						<input type="checkbox"/>	Protocols/Guidelines	
Secretaries Total						<b>Appoint. Type</b>	<b>Duration</b>	<b>Comment:</b>
Others:								
Do you use Float Pool?	___	Yes	___	No				
Do you use On-Call?	___	Yes	___	No				

**E. Know Your Patterns:** What patterns are present but not acknowledged in your microsystem? What is the leadership and social pattern? How often does the microsystem meet to discuss patient care? Are patients and families involved? What are your results and outcomes?

<ul style="list-style-type: none"> <li>Does every member of the practice meet regularly as a team?</li> <li>How frequently?</li> </ul>	<ul style="list-style-type: none"> <li>Do the members of the practice regularly review and discuss safety and reliability issues?</li> </ul>	<ul style="list-style-type: none"> <li>What have you successfully changed?</li> <li>What are you most proud of?</li> <li>What is your financial picture?</li> </ul>
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