Academic Chronic Care Collaborative Assessment of Chronic Illness Care Education (ACIC-E)

Version 1.0

Please complete the following information about you and your *educational* program(s). This information will not be disclosed to anyone besides the ACCC Leadership team, although de-identified information may be aggregated and shared with other members of this collaborative. We would like to get your phone number and e-mail address in the event that we need to contact you/your team in the future. Please also indicate the names of persons (e.g., team members) who complete the survey with you. Later on in the survey, you will be asked to describe the process by which you complete the survey.

Your name:	**Date:** _____/_____/_____ Month Day Year
Organization & Address:	**Names of other persons completing the survey with you:** 1. 2. 3.
Your phone number: (_____) __ __ __ - __ __ __ __	**Your e-mail address:**

Directions for Completing the Survey

This survey is designed to help *educational programs and teaching practices* move toward the "state-of-the-art" in teaching targeted learners how to manage chronic illness. The results can be used to help your team identify areas for improvement. Please answer each question below from the perspective of the practice site. If you have more than one practice site, please complete one form for each site.

1. Name and type of site (e.g., University Family Health Center resident-faculty practice)
_____

2. Please specify disease or condition (e.g. Diabetes) _____

3. Please specify targeted learners (e.g. pediatric residents, nursing students, 4th year medical students). In some cases more than one type of learner may be involved. _____

Directions for subsequent pages: For each row, **circle the point value** that best describes the level of care and *education* that currently exists in the site and condition you chose, with the targeted learners. The rows in this form represent key aspects of chronic illness care education. Each aspect is divided into levels showing various stages in improving chronic illness care education. The stages are represented by points that range from 0 to 11. The higher point values indicate that the actions described in that box are more fully implemented.

Finally, sum the points in each section (e.g., total part 1 score), calculate the average score (e.g., total part 1 score / # of questions), and enter these scores in the space provided at the end of each section. Then sum all of the section scores and complete the average score for the program as a whole by dividing this by 7.

For more information about how to complete the survey, please contact: Judith L. Bowen, MD, bowenj@ohsu.edu

Assessment of Chronic Illness Care Education, Version 1.0

Part 1: Organization of the Healthcare Delivery System. Education about chronic illness management can be more effective if the overall system (academic health center) in which care is provided is oriented and led in a manner that allows for a focus on chronic illness care.

Components	Level D	Level C	Level B	Level A
Overall Education Leadership in Chronic Illness Care	…does not exist or there is a little interest.	…is reflected in training program vision statements and/or curricular plans, but no resources are specifically earmarked to execute the work of educating trainees.	…is reflected by clear training program leadership and specific dedicated resources (dollars and personnel).	…is reflected in the institution's educational priorities, receives necessary resources, and specific people are held accountable.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Improvement Strategy for Chronic Illness Care education	…is ad hoc and not organized or supported consistently.	…utilizes ad hoc educational approaches for targeted chronic conditions as quality of care issues emerge.	…utilizes systematic education strategies for targeted chronic conditions as quality of care issues emerge.	…utilizes systematic educational strategies for targeted chronic conditions *proactively* in meeting educational and quality of care goals
Score	0 1 2	3 4 5	6 7 8	9 10 11
Incentives and Regulations for Chronic Illness Care	…are not used to influence learners' clinical performance goals.	…are used to influence learners' management decisions for chronic illness care.	…are used to support patient care goals and influence learners' care decisions	…are used to motivate and empower learners to support patient care goals.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Senior Health System Business Leaders	…discourage enrollment of the chronically ill in residency (teaching) practices	…do not make improvements to chronic illness care a priority.	…encourage educational programs to make improvements to chronic illness care a priority but do not provide resources or support	…visibly participate in efforts to improve chronic care education and clinical care delivery, providing the needed resources and support to achieve explicit health system goals
Score	0 1 2	3 4 5	6 7 8	9 10 11

Total Health Care Organization Score _____ Average Score (Health Care Org. Score / 4) _____

Part 2: Community Linkages. Linkages between the health delivery system (or learner-provider practice) and community resources play important roles in the management of chronic illness.

Components	Level D	Level C	Level B	Level A
Demonstrating for learners' the importance of linking patients to outside resources	…is not done systematically.	…is limited to using a list of identified community resources in an accessible format when the issue arises in the care of a patient.	…is accomplished through a dedicated teaching activity that illustrates a systematic approach for ensuring resident providers and patients make maximum use of community resources.	… is accomplished through active coordination between the clinical education program, community service agencies and patients to systematically integrate learning into residents' daily practice in caring for patients
Score	0 1 2	3 4 5	6 7 8	9 10 11
Partnerships with Community Organizations	…do not exist.	…are being considered by the teaching practice but have not yet been implemented.	…are formed ad hoc to develop supportive programs and policies.	…are actively sought to develop formal supportive programs and policies across the entire system such that trainee exposure is integral to his/her education.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Learner assessment of Patients' Community Support and Community-based activities.	…relies upon patients or families bringing the concern or activity to the learner's attention	…is expected as part of the assessment of all patients with chronic conditions but remains the responsibility of the learner provider	is included in dedicated teaching activities but support for accomplishing the assessment is not yet a systematic part of the care team's assessment of patients	…is routinely accomplished by the care team as a task delegated to the most appropriate team member with follow-up to provide resources as needed to patients, and includes dedicated teaching activities to support learners in integrating these patient assessments in care planning
Score	0 1 2	3 4 5	6 7 8	9 10 11

Total Community Linkages Score _____ Average Score (Community Linkages Score / 3) _____

Part 3: Practice Level. Several components that manifest themselves at the level of the individual learner provider practice (e.g. individual clinic) have been shown to improve chronic illness care. Educational programs should address these characteristics, which fall into the general areas of self-management support, delivery system design issues that directly affect the practice, decision support, and clinical information systems.

Part 3a: Self-Management Support. Education about effective self-management support can help patients and families cope with the challenges of living with and treating chronic illness and reduce complications and symptoms.

Components	Level D	Level C	Level B	Level A
Assessment of patients' experience in and satisfaction with the practice	…is not routinely done	…is done informally by patients volunteering to complete comment cards or other similar mechanisms following a care episode in learners' practices	….is formally completed by the practice organization but results are not routinely shared and discussed with learners	….is formally completed by the practice organization with a specific focus on needs of and satisfaction with chronic illness care, with results routinely discussed with learners as an integral part of the teaching curriculum
Score	0 1 2	3 4 5	6 7 8	9 10 11
Assessment and Documentation of Patients' Self-Management Needs &Activities	…are not done.	…are expected.	…are completed in a standardized manner by the practice team.	…are regularly assessed, recorded in standardized form, and linked to a treatment plan available to practice and patients.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Self-Management Support strategies	…are limited to the distribution of patient information (pamphlets, booklets).	…are available by referral to self-management classes or educators and learners may attend (but are not required to do so).	…are provided by trained clinic staff who are designated to do self-management support, affiliated with each practice, and offer to include learners' in delivering this care	…are provided by clinic staff affiliated with each practice, trained in patient empowerment and problem-solving methodologies, and systematically include learners in delivering this care.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Effective Behavior Change Counseling	…is not part of the teaching program	…is taught through the informal distribution of handouts or other written or electronic information when the topic arises	…is formally taught on a elective basis only to interested learners separate from the teaching practice	…is routinely taught as an integral part of the teaching curriculum and expected to be applied systematically in the care learners deliver.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Faculty Development in Self-Management Support	….is not provided	…is available on a voluntary basis for interested faculty	…is offered periodically as a CME-type activity to key teaching faculty who have clinical supervision responsibilities for learners	…is expected of all teaching faculty with clinical supervision responsibilities and routinely provided to assure faculty are current and proficient with teaching and role modeling self-management

Score	0	1	2	3	4	5	6	7	8	9	10	11

Total Self-Management Score_____ Average Score (Self Management Score / 5) _____

Part 3b: Decision Support. Effective chronic illness management programs assure that providers have access to evidence-based information necessary to care for patients--decision support.

Components	Level D	Level C	Level B	Level A
Evidence-Based Guidelines	…are not discussed or used in the teaching practice	…are available but are not routinely discussed in learning sessions about care delivery.	…are routinely discussed through a dedicated teaching activity (including use of evidence in guideline development and clinical judgment in applying guidelines) and guidelines are available for application in practice .	…are routinely discussed and critiqued in a dedicated teaching activity (including use of evidence in guideline development and clinical judgment in applying guidelines); guidelines are integrated into care through reminders and other proven provider behavior change methods.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Learner Exposure to Specialists involved in Improving Primary Care	…is primarily through traditional referral or specialty rotations.	…is achieved through specialist educational consultation on specific patients	…is achieved through systematic specialist involvement in primary care team care and training, .	…includes specialist leadership and specialist integration into the primary care delivery team caring for primary care patients, where learners are members of the care team
Score	0 1 2	3 4 5	6 7 8	9 10 11
Self-directed Learning	….is expected but initiated entirely by the learner without faculty guidance	…is expected with structured teaching sessions on critical appraisal of the medical literature with learner participation based on interest and availability	…is expected with structured teaching sessions on critical appraisal of the medical literature directly applied to clinical questions related to chronic conditions, with learner participation based on interest and availability	…is expected for all learners and includes structured teaching session on critical appraisal of the medical literature to address questions about chronic disease management, application of learning to questions arising in practice, learner-centered teaching sessions to report findings, and faculty role modeling of these behaviors
Score	0 1 2	3 4 5	6 7 8	9 10 11
Faculty Development in Critical Appraisal of the Medical Literature &	….is not provided	…is available on a voluntary basis for interested faculty	…is offered periodically as a CME-type activity to key teaching faculty who have clinical supervision responsibilities for	…is expected of all teaching faculty with clinical supervision responsibilities and routinely provided to assure faculty are

Components	Level D	Level C	Level B	Level A
Application to Chronic Care			learners	current and proficient with teaching and role modeling critical appraisal skills and self-directed learning
Score	0 1 2	3 4 5	6 7 8	9 10 11

Total Decision Support Score_____ Average Score (Decision Support Score / 4) _____

Part 3c: Delivery System Design. Evidence suggests that effective chronic illness management involves more than simply adding additional interventions to a current system focused on acute care. It may necessitate changes to the organization of practice that impact provision of care.

Components	Level D	Level C	Level B	Level A
Practice Team Functioning	…does not include learners and is not addressed.	…includes learners and is addressed by assuring the availability of individuals with appropriate training in key elements of chronic illness care.	…includes learners and is assured by regular team meetings that learners attend to address guidelines, roles and accountability, and problems in chronic illness care.	…is assured by teams that include learners who meet regularly and have clearly defined roles including patient self-management education, proactive follow-up, and resource coordination and other skills in chronic illness care, with follow-up team function assessment, feedback, and reflection
Score	0 1 2	3 4 5	6 7 8	9 10 11
Resident (or other learner) Leadership on the Practice Team	…is not recognized locally or by the education program.	…is assumed by the educational program to reside in specific organizational roles such as hospital-based ward team leader, but not in the ambulatory practice setting.	…is assured by the appointment of a resident (or other learner) team leader but the role in chronic illness is not defined.	…is guaranteed by the appointment of a resident (or other learner) team leader who participates in assuring that roles and responsibilities for chronic illness care are clearly defined.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Planned Visits for Chronic Illness Care in the Learners' practice	…are not used.	…are occasionally used for complicated patients.	…are an option for interested patients and learners but require learner initiative to carry out the planning and delivery	…are used for all patients in the target practice/population and include regular assessment, preventive interventions and attention to self-management support with learners as integral members of the planned visit practice team.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Patient Treatment Plans	…are achieved through a traditional provider-centered (faculty-learner) approach	…are established collaboratively with patients/families and learners/faculty, addressing self-management and clinical goals. Plans between visits depend on	…are established collaborative with patients/families and appropriate team members (e.g. physicians, nurses, pharmacists, social workers, learners) addressing	…are established collaborative and include self-management as well as clinical management. Non-physician team leadership provides protocol driven follow-up that

Components	Level D	Level C	Level B	Level A
		faculty/learner tracking and initiation.	self-management and clinical goals. Plans between visits can be delegated to non-physician team members	guides care at every point of service. Registries and protocols guide support for learners' patients when the learner is not in the practice, keeping learner team members informed of patient's progress
Score	0 1 2	3 4 5	6 7 8	9 10 11
Coordination of Care for patients of part-time learner providers	…is not a priority.	…depends on written communication between learners and consultants directly, and between learners and their practice faculty supervisors	…between learner PCPs, specialists and other relevant providers is a priority, is initiated by the learner PCP but is arranged and managed by the care team.	…is a high priority and all chronic disease interventions include active coordination between primary care, specialists and other relevant groups, including systematic support for resident patients when the resident is not in the practice.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Faculty Development in Teamwork and System Design	….is not provided	…is available on a voluntary basis for interested faculty	…is offered periodically as a CME-type activity to key teaching faculty who have clinical supervision responsibilities for learners	…is expected of all teaching faculty with clinical supervision responsibilities and routinely provided to assure faculty are current and proficient with teaching and role modeling team membership and understanding the roles and functions of other team members and when to call on them to deliver care
Score	0 1 2	3 4 5	6 7 8	9 10 11

(From Previous Page)

Total Delivery System Design Score_____ Average Score (Delivery System Design Score / 6) _____

Part 3d: Clinical Information Systems. Timely, useful information about individual patients and populations of patients with chronic conditions is a critical feature of effective programs, especially those that employ population-based approaches.

Components	Level D	Level C	Level B	Level A
Registry (list of patients with specific conditions) for practice	…is not available.	…includes name, diagnosis, contact information, learner PCP, and date of last contact either on paper or in a computer database.	…allows learners to sort by clinical priorities, but depends on learner motivation to study his/her own population	…is tied to guidelines which provide prompts and reminders about needed services and regular performance reports to learners with discussion and reflection on disease management
Score	0 1 2	3 4 5	6 7 8	9 10 11
Reminders to Learner Providers	…are not available.	… include general notification of the existence of a chronic illness, but does not describe needed services at time of encounter.	…includes indications of needed service for populations of patients through periodic reporting.	…includes specific information for the team about guideline adherence at the time of individual patient encounters and for the practice as a whole
Score	0 1 2	3 4 5	6 7 8	9 10 11
Practice Performance Feedback	…is not available or is non-specific to the team.	…is provided at infrequent intervals and is delivered impersonally.	…occurs at frequent enough intervals to monitor performance and is specific to the resident team's population.	…is timely, specific to the resident team, routine and personally delivered by a respected opinion leader to improve team performance.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Information about Relevant Subgroups of Patients Needing Services	…is not available.	…can only be obtained with special efforts or additional programming.	…can be obtained upon request but is not routinely available.	…is provided routinely to residents to help them deliver planned care.
Score	0 1 2	3 4 5	6 7 8	9 10 11
Faculty Development in Clinical	….is not provided	…is available on a voluntary basis for interested faculty	…is offered periodically as a CME-type activity to key teaching	…is expected of all teaching faculty with clinical supervision

Components	Level D	Level C	Level B	Level A
Information System			faculty who have clinical supervision responsibilities for learners	responsibilities and routinely provided to assure faculty are current and proficient with teaching and role modeling use of population data to optimize care delivery to patients with chronic conditions
Score	0 1 2	3 4 5	6 7 8	9 10 11

Total Clinical Information System Score_____ Average Score (Clinical Information System Score / 5) _____

Integration of Educational Components for Teaching the Chronic Care Model

Integration of Chronic Care into Education

Components	Level D	Level C	Level B	Level A
Education Champion for teaching about chronic care	…does not exist	…can be identified but is not empowered to make changes in the curriculum or design of the training program	…is identified and an integral member of the training program leadership team	…has been empowered to develop and implement a training curriculum designed to achieve specific learning objectives in chronic care management linked to performance outcomes
Score	0 1 2	3 4 5	6 7 8	9 10 11
Chronic Care Curriculum	…does not exist	…exists as part of other existing curricular activities but is limited to the medical management of the chronic condition	…includes instruction on the gap between existing care and what is possible, and addresses the components of the Chronic Care Model	…includes didactic and experiential methods to instruct learners about the quality gap, evidence supporting the chronic care model, the model components, and experience in practice using chronic care practice improvement strategies
Score	0 1 2	3 4 5	6 7 8	9 10 11
Learner Education for Chronic Illness Care	…is provided sporadically.	…is provided systematically through traditional educational conferences.	…is provided using innovative, practice-centered methods (e.g. academic detailing).	…is provided using innovative practice-centered methods, and reinforced by involvement in quality improvement and includes training in chronic illness care methods such as population-based management, and self-management support.

Components	Level D			Level C			Level B			Level A		
Score	0	1	2	3	4	5	6	7	8	9	10	11
Learner involvement in Inter-professional Teams	…exists but roles and responsibilities are assumed and not discussed or planned			…exists with defined roles but care coordination is lacking and physician assumes s/he is responsible for clinical tasks			…includes explicit instruction in teamwork and orientation to roles and responsibilities of each team member in delivering care			…includes explicit instruction in teamwork, orientation to roles and responsibilities of team members, regular team function assessment, and support for innovation in team care delivery		
Score	0	1	2	3	4	5	6	7	8	9	10	11

Components	Level D			Level C			Level B			Level A		
Practice analysis and reflection	…does not exist			…is encouraged but relies upon individual learners to analyze and improve his/her own practice patterns			…is a systematic part of the teaching curriculum and driven by population reports from the learners' practice			…is a systematic part of the teaching curriculum, driven by population reports from the learners' practice, including error identification, analysis, and reduction action plans		
Score	0	1	2	3	4	5	6	7	8	9	10	11
Learner participation in practice improvement	…does not exist			…is encouraged by asking learners to identify problems and share them with practice leadership			…is a routine part of the teaching curriculum but does not include experiential application of rapid cycle change methods			…is a routine part of the teaching practice where learners are instructed in rapid-cycle improvement, identify problems and apply PDSA methods to test improvements, and implement successful changes in their practices		
Score	0	1	2	3	4	5	6	7	8	9	10	11

Total Integration Score (SUM items): _____ ➢ **Average Score (Integration Score/6)** = _____

Briefly describe the process you used to fill out the form (e.g., reached consensus in a face-to-face meeting; filled out by the *Education* team leader in consultation with other team members as needed; each team member filled out a separate form and the responses were averaged).

Description: _____

_____

Scoring Summary
(Bring forward scoring at end of each section to this page)

Total Org. of Health Care System Score _____

Total Community Linkages Score _____

Total Self-Management Score _____

Total Decision Support Score _____

Total Delivery System Design Score _____

Total Clinical Information System Score _____

Total Integration Score _____

Overall Total Educational Program Score (Sum of all scores) _____

Average Educational Program Score (Total Program /7) _____