



# Health Assessments

## *A Primary Care Practice Improvement Activity*

To use a screen reader application with this module, please change your Acrobat reading preferences under the Screen Reader Options to “Only read the currently visible pages.” Then close and re-open the PDF; you do not have to download it again. Instructions on how to change the setting are in [Accessing PDF Documents with Assistive Technology](#).

If you have difficulty after changing your assistive technology settings or need help making the changes, contact our technical assistance number at 301-427-1600. Please specify the module you are trying to use and the nature of your concern.

**Start**

## Welcome

AHRQ and its contractors developed this activity with input from primary care clinicians to provide you with an **efficient, informative, and doable** exercise in quality improvement. The content of this activity is based on AHRQ’s [Health Assessments in Primary Care: A How-to Guide for Clinicians and Staff](#). Many of you already use health assessments with your patients. Conducting health assessments involves both the *questions* you systematically ask your patients about their health behaviors and the *processes* in your practice for reviewing and using this information in patient care. Health assessments are common in quality improvement and recognition programs, such as:

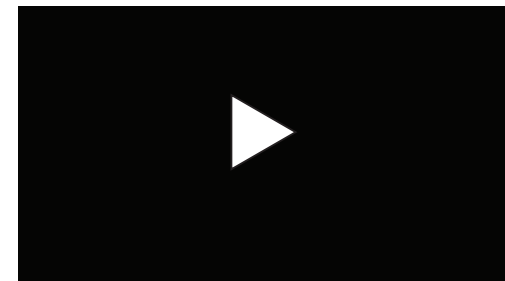
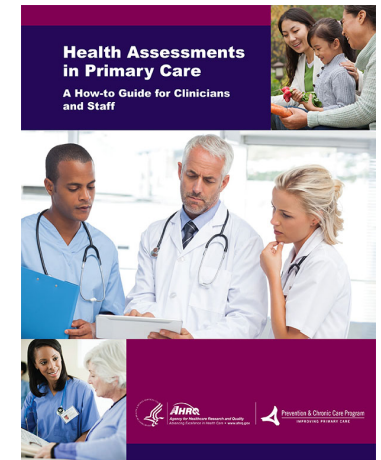
- The Annual Wellness Visit from the Centers per Medicare and Medicaid Services (CMS)
- The Physician Quality Reporting System (PQRS) per CMS
- The Meaningful Use EHR Incentive Program per CMS
- The Patient-Centered Medical Home (PCMH) Recognition Program from the National Committee for Quality Assurance (NCQA)

This activity will help you to **improve the documentation of health assessments** for your patients.

This document provides all of the **step-by-step guidance and tools** you need to complete the practice improvement activity. Physicians who complete this activity may receive credit for Maintenance of Certification (MOC) Part IV and PAs may receive PI-CME. Nurse practitioners who [view a related video](#) may obtain Continuing Education (CE) credits. For more information about obtaining credit, please see the [User Guide](#).

Select “Continue” to read the Educational Objectives and Requirements for completing this activity.

Continue



1:32:43

Watch an optional AHRQ webinar about health assessment practice improvement.

### Educational Objectives

After this MOC / CE Activity, you will be able to:

1. Define health assessments in patient care.
2. Describe the benefits of systematic health assessment for patients.
3. Identify resources for health assessments.
4. Assess your current performance on the use of health assessments with your patients.
5. Improve your skills to compose and implement a quality improvement (QI) activity.
6. Remeasure your performance on the use of health assessments after your QI activity.
7. Attest and submit this activity for credit from your certifying Board or organization. For more details on how to submit this activity, please see the User Guide.

This practice improvement activity provides practical guidance and tools to help individual clinicians or groups of clinicians design and implement a QI activity **to improve the documentation of health assessments**. The QI activity will use rapid cycle, small-scale tests of change, known as the Plan-Do-Study-Act or PDSA cycle for improvement. In a PDSA cycle, you form a team, establish measures, select changes, test those changes, adjust as necessary, and then implement on a broader scale. Although you may work independently, you may have a richer learning experience by working together with other clinicians to complete this module (of course, you must still submit your own data to receive credit).

The American Academy of Physician Assistants (NCCPA) has approved the activity for a maximum of 20 Category 1 PI-CME credits. Please see the User Guide for more details and instructions on how to obtain credit from your Board. Physicians certified through the American Boards of Family Medicine, Pediatrics, or Internal Medicine must submit as a self-directed activity (please see the User Guide for instructions). Nurse Practitioners can receive credit from the American Academy of Nurse Practitioners by viewing an [AHRQ webinar about health assessment practice improvement](#).

There is no cost to download, use, or copy this toolkit. You will be responsible for paying any fees that may be required by the certifying Board(s) to receive credit for your completed MOC Part IV improvement activity. This activity is open to anyone. Completion of this MOC/CE activity will be documented in this PDF document. All the required sections must be completed to receive credit. The U.S. Department of Health and Human Services is not collecting or maintaining any information you enter into this module.

## Instructions and Requirements

### File Instructions

Please use the latest version of the Adobe Acrobat Reader with this file. If you do not have the latest version, you can [download Acrobat Reader](#) at no cost.

This PDF file provides the necessary tools and information to complete the MOC Part IV/CE practice improvement activity. You will use this PDF file to:

- Work sequentially through each section.
- Enter required information (marked with \*).
- Prepare for your data collection and document your QI activity.
- Enter your performance data in this PDF file to generate summary data reports.
- Complete the activity and submit for credit.

This file and the data in the file are stored on your computer. If you enter any patient data into the forms, ensure that you store the file in accordance with [HIPAA privacy regulations](#). The following data will be stored in this PDF file on your computer:

- Your Board ID or organization membership number and information.
- Answers to quizzes.
- Baseline performance measurement data on your patients.
- QI activity plans.
- Followup performance measurement data on your patients.
- Your reflections on your QI activity.
- Your attestation to meaningful participation.



You can print paper forms to simplify data collection and QI activity planning; however, **all performance data and QI plans must be entered into this PDF** document to meet completion requirements.

When you are ready to start this activity, **save this file** to your computer:

- Save in a secure location that is backed up regularly.
- Save the file periodically as you progress.

### Select The Appropriate Board or Organization

**\*Select your primary Board or organization** for which you are seeking MOC Part IV practice improvement credit or Continuing Education credit. (You can select only **one** for this activity.)

American Board of Family Medicine (ABFM)

American Board of Internal Medicine (ABIM)

American Board of Pediatrics (ABP)

National Commission on Certification of Physician Assistants (NCCPA)

Other (please specify):



#### Before you continue.

When you identify your Board or organization, the requirements of that Board (e.g., minimum number of patients, number of observations) will be shown in your copy of the PDF file.

Save and continue to review your requirements and instructions for completing this activity or save and exit to finish later.

# Health Assessments

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- 1** INSTRUCTIONS & REQUIREMENTS
- 2** YOUR INFORMATION
- 3** ABOUT HEALTH ASSESSMENTS
- 4** BASELINE DATA
- 5** PLAN QI ACTIVITY
- 6** IMPLEMENT QI ACTIVITY
- 7** FOLLOWUP DATA
- 8** REFLECTION
- 9** ATTESTATION
- 10** REVIEW & PRINT

### Completion Requirements for

There are 10 steps in this activity. You must complete the following sequentially:

Step	What to Expect	Estimated Effort
1. Review requirements and indicate that you have read them	Understand the basic requirements of your participation and attest that you have read the requirements.	10 mins
2. Enter your information	Enter basic information about yourself to ensure the creation of an interactive version of the module that meets your needs.	10 mins
3. Learn about health assessments	Complete brief readings. Complete pre- and post-tests of health assessment knowledge.	20-30 mins
4. Collect baseline performance data	Select an area of focus and collect baseline information. Use the data collection tools to document current performance on the completion of health assessments.	2-3.5 hrs
5. Review baseline performance data and design a QI activity	This section creates tables and graphs of your baseline performance and guides you through developing a QI activity with your clinic team.	1-2 hrs
6. Document and implement your QI activity	Write down your QI plan and put that plan into action in your clinic. Before followup performance data can be entered, you must test for a minimum of 14 calendar days.	3-8 hrs
7. Collect followup performance data	Use the same data collection forms to document how you are doing on documentation of health assessments after your QI plan is implemented.	1-2 hrs
8. Reflect on your QI activity	Write two brief paragraphs about what you learned and what your next steps are.	30-60 mins
9. Attest to your active participation in this MOC activity	Formally attest that you had a substantive role in the improvement activity.	10 mins
10. Review and submit your completion file for credit	Ensure that all sections are complete and that your name and other information are correct. Select "Submit" and/or print a CE certificate.	5 mins

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7. Collect followup performance data	Use the same data collection forms to document how you are doing on documentation of health assessments after your QI plan is implemented.	1-3 hrs
8. Reflect on your QI activity	Write two brief paragraphs about what you learned and what your next steps are.	30-60 mins
9. Attest to your active participation in this MOC/CE activity	Formally attest that you had a substantive role in the improvement activity.	10 mins
10. Review and submit your completion file for credit	Ensure that all sections are complete and that your name and other information are correct. Select "Submit" and/or print a CE certificate.	5 mins



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### Completion Requirements for

There are 12 steps in this activity. You must complete the following sequentially:

Step	What to Expect	Estimated Effort
1. Review requirements and indicate that you have read them	Understand the basic requirements of your participation and attest that you have read the requirements.	10 min
2. Enter your information	Enter basic information about yourself to ensure the creation of an interactive version of the module that meets your needs.	10 min
3. Learn about health assessments	Complete brief readings. Complete pre- and post-tests of health assessment knowledge.	20-30 mins
4. Collect baseline performance data	Select an area of focus and collect baseline information. Use the data collection tools to document current performance on the completion of health assessments.	2-5 hrs
5. Review baseline performance data and design a QI activity	This section creates tables and graphs of your baseline performance and guides you through developing a QI activity with your clinic team.	1-2 hrs
6. Document and implement your QI activity	Write down your QI plan and put that plan into action in your clinic. Before followup performance data can be entered, you must test for a minimum of 14 calendar days.	3-8 hrs
7. Collect followup performance data	Use the same data collection forms to document how you are doing on documentation of health assessments after your QI plan is implemented.	1-3 hrs
8. Review baseline performance and plan a revised QI activity.	Write down your new QI plan and put that into action in your clinic. Before followup performance data can be entered, you must test for a minimum of 14 calendar days.	3-7 hrs
9. Repeat the followup performance data collection	Use the same data collection forms to document how you are doing after your change efforts are implemented.	1-3 hrs
10. Reflect on your QI activity	Write two brief paragraphs about what you learned and what your next steps are to continue improving.	30-60 mins
11. Attest to your active participation in this MOC activity	Formally attest that you had a substantive role in the improvement activity.	10 mins
12. Review and submit your completion file for credit	Ensure that all sections are complete and that your name and other information are correct. Select "Submit" and/or print a CE certificate.	5 mins





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### Additional Activity Requirements

Your certifying Board requires that its diplomates:

- Complete the activity within 12 months of starting.
- Comply with HIPAA privacy rules.
- Attest to your meaningful and substantive participation.
- Submit the appropriate documentation to receive credit.
- Pay any appropriate fees to the certifying Board or organization.
- Maintain a copy of this completed file; your Board may conduct audits of completed MOC activities to ensure compliance with data collection and participation requirements.

### Before You Begin This Activity

\*Please acknowledge that you have read the [Completion Requirements](#) and the Additional Activity Requirements for this MOC/CE activity:

I have read the Completion Requirements and the Additional Requirements.

Continue



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## Your Information

### Board or Organization Membership Information

\*ENTER your personal information, which will identify you with the Board or organization for which you are seeking MOC Part IV credit or Continuing Education credit. This information is required by your Board or organization to appropriately assign credit and to print a certificate upon completion of the activity.



\*First Name:

\*Last Name:

\*Credentials/License (e.g., MD, DO, NP, PA, other):

\*Board ID# or NCCPA ID# [#####]:

\*Re-enter your Board ID or NCCPA ID# [#####]:

Continue



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### Activity Start Date

*if you are ready to start this MOC/CD activity*

As of today, you will have 12 months to complete this activity. You cannot change the start date once you have begun; it was automatically noted when you opened this module. There is no penalty for not completing the activity, but you will not receive credit from your certifying Board if you do not complete it within 12 months.

Today's date is:

**You must complete the activity within 12 months of today's date to receive credit.**

Your Information Section

Save & Continue

Save & Exit

◀ 2 of 2 ▶



## Learn About Health Assessments

### Pre-Test of Health Assessment Knowledge

This brief quiz will test your knowledge of patient health assessments. Please answer each question.

\*A. Health assessments are diagnostic tools.

- True
- False

\*B. Health assessments typically ask about which of the following patient characteristics? (Choose all that apply.)

- Quality of life
- Risky drinking
- Past surgeries
- Current medications
- Physical activity

\*C. Patients expect that their health assessment information will be used to inform the conversation between a patient and his or her clinician.

- True
- False

\*D. Health assessments should be administered only by physicians, nurse practitioners, or physician assistants.

- True
- False

\*E. For which age groups are health assessments appropriate? (Choose all that apply.)

- Adults
- Adolescents
- Children
- Seniors

\*F. Health assessments are for all patients, regardless of their specific diseases or health condition.

- True
- False

Score Quiz

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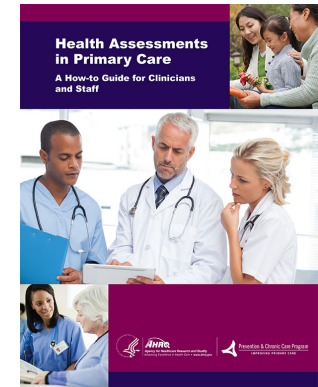
The next few pages highlight important considerations about health assessments to improve how they are used in your clinical setting, based upon AHRQ’s [Health Assessments in Primary Care: A How-to Guide for Clinicians and Staff](#). We encourage you to read the *How-to Guide* for more detailed health assessment information, planning guidance, tools, and examples of health assessments. For an introduction to health assessments and key findings in the *How-to Guide*, [watch the webinar](#) on AHRQ’s YouTube channel.

### What Are Health Assessments?

Many people think of “health assessments” as a questionnaire that patients or parents complete. However, such questions are only part of a wider definition that also includes the method through which you ask the questions and how you use the resulting information. In this way, **health assessment is a process** involving systematic collection and analysis of health-related information on patients for use by patients, clinicians, and health care teams to identify and support beneficial health behaviors and mutually work to direct changes in potentially harmful health behaviors.

**Health assessments** are sets of questions, answered by patients (or, for younger children, their parents) that ask about a range of personal behaviors, risks, life-changing events, health goals and priorities, and overall health. Health assessments are usually structured screening and assessment tools used in primary care practices to help the health care team and patient develop a plan of care, and commonly ask about:

- Tobacco use
- Sexual practices
- Addictive behaviors, such as gambling or drug use
- Emotional and social support
- Depression or anxiety
- Risk of falls
- Physical activity and healthy eating
- Violence, bullying, or physical abuse
- Personal safety, such as wearing a seat belt while driving or a bike helmet while riding a bike
- Pain
- Overall health, well-being, or quality of life





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Health assessments typically do not include questions about lists of current medications, clinical laboratory values, surgeries, or other medical procedures. Nor are health assessments diagnostic tools; instead, they are brief screening tools to inform the conversation between a patient (or parent) and his or her clinician.

### Who Should Receive Health Assessments?

Health assessments are suitable for patients of all ages. To see examples of health assessment questions for patients in various age groups, select any of the following links:

- Children and adolescents: American Academy of Pediatrics' [Bright Futures](#)
- Adults: Agency for Healthcare Research and Quality's [Health Assessments in Primary Care: A How-to Guide](#)
- Seniors: American Academy of Family Physicians' [Annual Medicare Wellness Checklist](#) Wellness Visit Health Risk Assessment (HRA)

*“We ask about violence in our preventive care question set. Although positives are uncommon, we recently did catch one instance of domestic violence that we were able to address that we wouldn’t have caught otherwise.”*

~Family physician, suburban private practice, New Jersey

You may already be collecting health assessment data as part of a quality improvement program, such as [NCQA PCMH Recognition](#), or as part of your preventive care planning for patients. For more help to determine if your practice is already collecting health assessment information, use this brief checklist: [“Is My Practice Already Conducting Health Assessments?”](#) If you are collecting health assessment information, you will be able to use it for this activity. If you are not collecting this information, or only collecting some health assessment information, you will be able to work through this module to think about specific health assessment topics you want improve.



### How Do Health Assessments Benefit Patient Care?

By using routine health assessments, clinicians can:

- Use data to stimulate dialogue with patients.
- Identify and prioritize patient health issues and health goals.
- Help patients understand their current health status and act to improve their health.
- Increase patients' awareness about behaviors and habits that affect their health or chronic conditions.
- Track patient health behaviors over time, which can also help with patient followup.
- Measure and monitor patient data at the practice/population level for proactive, planned care.
- Identify issues requiring patient referral to additional resources, such as weight loss programs, Meals on Wheels, or tobacco cessation programs.
- Fulfill requirements for and generate revenue from incentive or quality programs; for example NCQA PCMH Recognition or CMS meaningful use.

All of the above can potentially apply directly to adolescent patients. For some of these benefits, the emphasis may be on the parent as the agent of change for the health of both the parent and the child.

*“Don’t be afraid of the information you are going to start seeing. You will have better insight and probably learn more about your patients, thus building a far better relationship with your patient than you may have thought possible.”*

~Practice manager, urban private practice, Colorado

### The Importance Of A Team Approach

Health assessments can be implemented most effectively as a team effort. You can promote a team approach by:

- Eliciting agreement among staff and clinicians about the importance of health assessments.
- Ensuring availability of resources.
- Ensuring that clinicians and staff are well trained to facilitate health assessment implementation.
- Considering workflow.
- Developing plans to capture and use health assessment information.
- Using staff or clinicians to administer, capture, and use health assessment information as efficiently as possible.

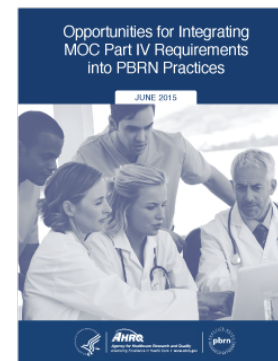
*“This is what [my staff] and I have talked about: ‘How do we want to do [our assessment]?’ You’ve got to think about who you are going to [assess]. And then, you think about, ‘What are we going to do when we get the answers?’*

~Family nurse practitioner, rural private practice, Colorado

[Read a short case study](#) to learn how a practice in Georgia improved its implementation of the *Annual Wellness Visit* health assessment for Medicare beneficiaries.

You can find more ideas for working with your clinic team in [Health Assessments in Primary Care: A How-to Guide \(Section 3\)](#).

The [Opportunities for Integrating MOC Part IV Requirements into Practices](#) guide advances a broad theme: the potential for practices to be partners with all clinicians—particularly physicians, physician assistants, and nurse practitioners—who have a professional expectation to engage in quality/practice improvement as a part of their commitment to patients. The principles, approaches and strategies described here for helping physicians in the MOC Part IV process can be used by any organization that strives to support clinicians in improving primary care quality and outcomes.





The leaders of the American Board of Medical Specialties (ABMS) and Primary Care Boards, the American Board of Family Medicine (ABFM), the American Board of Pediatrics (ABP), and the American Board of Internal Medicine (ABIM), were extremely helpful in identifying the various ways by which their diplomates may meet these requirements. AHRQ appreciates the Boards' support of community learning about quality improvement and the importance of pursuing meaningful synergism of these activities within a broader culture of research and quality improvement.

### *Can I Work With Other Clinicians on This Activity?*

YES! You can work with a group clinicians on this same improvement activity. You will still have to participate meaningfully and document your own work, but working with other clinicians may enrich your learning and streamline data collection and improvement activities in your practice.

### *What Do Patients Expect?*

Patients need to hear from their clinicians that health assessments will help the clinic to work as a team to improve their health. They also want to know that their health assessments are being used to inform their conversation with their clinician. Here are a few reminders to help reinforce the message:

- Tell patients how the information will help identify potential health concerns.
- Connect health assessment information to a patient's own health or specific health concern.
- Let patients know who will see the health assessment information.
- Once completed, acknowledge to patients that you have reviewed their health assessment information.

For more ideas on engaging patients in the health assessment process, see [Health Assessments in Primary Care: A How-to Guide \(Section 5\)](#).



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### Sustaining Health Assessments

Consider the following when working to making health assessment sustainable in your practice:

- Select a “high value” health assessment (that is, ensure that the information is valuable to patients and clinical practice goals)
- Evaluate the financial incentives for health assessments (e.g., reimbursable preventive services).
- Consider intangible incentives for conducting health assessment (e.g., earn a reputation for focusing on prevention and health maintenance).
- Ask clinicians, staff, and patients how well the health assessment process is working.

For more ideas on sustaining the health assessment process, see [Health Assessments in Primary Care: A How-to Guide \(Section 6\)](#).

### Review

#### Key Health Assessment Implementation Quality Aims

- Use them with a broad range of patients, not just patients with specific illnesses.
- Use the information to directly inform your conversation with patients.
- Use them to elicit essential information from patients about their healthy and unhealthy behaviors.
- Get help from your entire care team to plan the best strategy to implement your health assessments.
- Let patients know that you have reviewed the information.

Select Continue to take the post-test of your health assessment knowledge.

Continue



### Post-Test Of Health Assessment Knowledge

Please complete this brief quiz to test what you learned about patient health assessments. Please answer each question. **You must answer at least five of the questions correctly to pass the quiz.** You may retake the quiz, if needed.

\*A. Health assessments are diagnostic tools.

- True
- False

\*B. Health assessments typically ask about which of the following patient characteristics? (Choose all that apply.)

- Quality of life
- Risky drinking
- Past surgeries
- Current medications
- Physical activity

\*C. Patients expect that their health assessment information will be used to inform the conversation between a patient and his or her clinician.

- True
- False

\*D. Health assessments should be administered only by physicians, nurse practitioners, or physician assistants.

- True
- False

\*E. For which age groups are health assessments appropriate? (Choose all that apply.)

- Adults
- Adolescents
- Children
- Seniors

\*F. Health assessments are for all patients, regardless of their specific diseases or health condition.

- True
- False

Score Quiz

Retake Quiz

## Baseline Performance Data Collection

This improvement activity focuses on the documentation of health assessments in your patient records. Through chart review, you are required to collect baseline performance data on at least  of your patients seen in the past 3 months. The data may be collected on paper or electronically but must be entered in this PDF file to count toward completion of this section of the MOC/CE activity. You will use the same data collection form for both baseline and followup performance measurement.



### Data Collection Overview

You will be guided through a series of prompts to help focus your QI activity and select your performance measures:

- A. **Prepare.**
- B. Select a **target population** for your health assessment review.
- C. Review the list of **health assessment topics** with your team.
- D. **Assess your practice priorities** for health assessments.
- E. Select **at least 3 performance indicators.**
- F. Review your **patient sampling** criteria.
- G. Print your **data collection forms.**
- H. **Collect data** on  patients through chart review.
- I. **Enter your data** into the form in this file.

Select Continue to start the data collection and improvement process.

Continue

### A. Prepare

Quality improvement efforts most often succeed as a result of a team effort. Because clinicians, staff, and managers often have some role in implementing health assessments, you will benefit from their involvement, especially when you consider improvements that affect the office workflow. You can choose to work alone or with other clinicians in your practice for this activity. To make some of the work easier, consider who can help:

- Clinical staff (e.g., nurses and medical assistants)
- Clerical staff (e.g., front desk or billing staff)
- Administrative staff (e.g., clinic manager or office manager)
- Other staff (e.g., care coordinators or health information technology support)

Many organizations use Plan-Do-Study-Act (PDSA) cycles to implement changes and then test them. An organization using PDSA tests a change by planning it, trying it, observing the results, and acting on what is learned. In the *plan* stage, you state an objective for the change and then make an actual plan about what will be changed, by who, and when. In the *do* stage, you try out the change in your practice, documenting any troubles you have or unexpected outcomes. In the *study* phase, you review your data to see how it went. Finally, in the *act* phase, you refine your change based on your findings and then get ready for the next cycle. For more help and tools for PDSAs, visit the [Institute for Healthcare Improvement's "How to Improve"](#) web page.



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### B. Select Your Target Population

The best way to make improvements is to start small. The first step in improving the use of health assessments is to select a general patient age group in your practice you want to focus on.

\*Select **one** age group that will be the focus of this practice improvement activity.

[1] Children (ages 0-12)

[2] Adolescent patients (ages 13-18)

[3] Adult patients (ages 19-64)

[4] Seniors (ages 65 and above)



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### C. Review The List Of Health Assessment Topics With Your Team

The second step is to narrow your focus. You can print this list of health topics and review it with others on your clinic team to help everyone think about specific health assessment topics they want the practice to improve upon. You and your team will want to narrow the focus of your QI activity to 3 to 10 items.

Health Assessment Topic	Examples for Your Target Population
1. Advanced care planning	What percentage of your patients have advanced care plans?
2. Alcohol use	What percentage of your patients have been asked about their alcohol use?
3. Anxiety	What percentage of your patients have been screened for anxiety?
4. Cognitive impairment	What percentage of your patients have been screened for cognitive concerns?
5. Communication needs	What percentage of your patients/parents have been asked about their communication needs?
6. Depression	What percentage of your patients have been screened for depression? What percentage of your mothers of newborns have been screened for depression?
7. Developmental screening	What percentage of your patients have been asked screened for developmental concerns?
8. Diet or eating habits	What percentage of your patients have been asked about their eating habits?
9. Fall risks	What percentage of your patients have been asked about their risk of falling?
10. Functional status	What percentage of your patients have been asked about their activities of daily living (ADL)?
11. General health status	What percentage of your patients have been asked about their general health?
12. Health goals	What percentage of your patients have been asked about at least one health goal?
13. Health literacy	What percentage of your patients/parents have been asked about their level of health literacy?
14. Level of stress	What percentage of your patients have been asked about their stress?
15. Motor vehicle safety	What percentage of your patients have been asked about their seatbelt use?
16. Oral health	What percentage of your patients have been asked about their oral health?
17. Pain	What percentage of your patients have been asked about their level of pain?
18. Physical activity	What percentage of your patients have been asked about physical activity? What percentage of parents of children (over 15 months) have been asked about physical activity?
19. Screen time	What percentage of your patients have been asked about their time spent watching TV and playing video or computer games.
20. Social support	What percentage of your patients have been asked about their social support?
21. Substance use	What percentage of your patients have been asked about their use of illegal drugs?
22. Tobacco use	What percentage of your patients (or parents) have been asked about their smoking?
23. Additional: <input type="text"/>	What percentage of your patients have been asked about <input type="text"/>

Baseline Data Section

Print List

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### D. Assess Your Practice Priorities

Now think about which health assessment topics are most important and the highest priorities for your practice. This will help focus your improvement activity on the most important areas of interest for your practice.

**Ask yourself and your team** the following questions and then type brief responses in the boxes. (You can also print this list of questions and share with your care team.)

**\*From the list of patient health assessment topics in Section 4.C., which should we address?**

(For example, you might pick 8 to 10 items to start the conversation. Think about items that align with incentive programs or other initiatives your practice participates in. Consider asking your local public health department whether any of these topics are especially important to your community. Also, think about the availability of patient data on these items and the areas for which you think you can make improvements in your practice.)

**\*Which of these do we want to try now to improve in a small-scale, rapid learning cycle now?**

(For example, you might be ready to narrow the list down to 5 to 7 of the most important items.)





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### E. \*Select Your Performance Indicators For At Least 3 Health Assessment Topics You Want To Improve

Use the answers from Section 4.C. and **pick at least 3** (but no more than 10) health assessment topics on which you want to focus your practice improvement activity. You can always discuss again with your team and select them later. The items you select here will be used for the chart review.

Health Assessment Topic	Performance Indicator
Advanced care planning	Has advanced care planning been documented for the patient?
Alcohol use	Has an assessment of the patient's alcohol use been documented within the past 12 months?
Anxiety	Has the patient's anxiety screening been documented within the past 12 months?
Cognitive impairment	Has an assessment of the patient's cognitive impairments been documented within the past 12 months?
Communication needs	Have the patient's/parent's communication needs been documented within the past 12 months?
Depression	Has the patient's depression screening been documented within the past 12 months? <b>Newborns:</b> Has the patient's mother been screened for depression?
Developmental screening	Has the patient's developmental assessment been documented within the past 12 months?
Diet or eating habits	Have the patient's eating habits been documented within the past 12 months?
Fall risks	Has an assessment of the patient's risk for falls been documented within the past 12 months?
Functional status	Has the patient's functional status been documented within the past 12 months?
General health status	Has the patient's general health status been documented within the past 12 months?
Health goals	Has at least one patient health goal been documented within the past 12 months?
Health literacy	Has an assessment of the patient's/parent's health literacy been documented within the past 12 months?
Level of stress	Has the patient's level of stress been documented within the past 12 months?
Motor vehicle safety	Has the patient's use of seatbelts when driving been documented within the past 12 months?
Oral health	Has an assessment of the patient's oral health been documented within the past 12 months?
Pain	Has the patient's level of pain been documented within the past 12 months?
Physical activity	Has the patient's level of physical activity been documented within the past 12 months? <b>Children:</b> Ages 15 months and older.
Screen time	Has an assessment of the patient's time spent watching TV and playing video or computer games been documented within the past 12 months?
Social support	Has an assessment of the patient's social support been documented within the past 12 months?
Substance use	Has the patient's use of illegal drugs been documented within the past 12 months?
Tobacco use	Has the patient's smoking status been documented within the past 12 months?
Additional: <input style="width: 100px;" type="text"/>	Has the patient's <input style="width: 150px;" type="text"/> been documented within the past 12 months?

Baseline Data Section

Save & Continue

Save & Exit

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### F. Review Your Patient Sampling Criteria

For your chosen target population, you must complete chart review meeting the following guidelines:

Charts for at least  of your patients

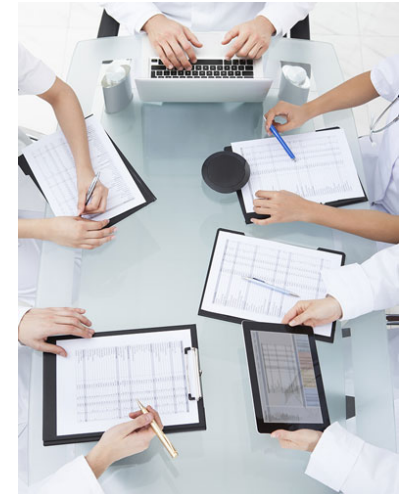
Patients must be between the ages of

Patients must have been seen in the past 3 months in your practice

#### Help finding your patient records

First, you need to identify new or established patients you have seen in the last 3 months; of those, identify patients with documentation of the chosen health assessment topics. You will then use that information to calculate the percentage of patients in the relevant age group with documentation of the selected condition. This is your baseline measure for each health assessment topic. Here are some possible strategies to identify those patient records to review:

- Review your past patient schedule for patients who meet the sampling criteria for age and recent visit; pick the  most recent patients.
- Use billing information on your patients to identify patients with a recent visit in the selected age group, and then pick a sample of  of those patients.
- Ask your information technology (IT) or electronic health record (EHR) specialist to generate a random sample of  of your patients who meet the above criteria.
- Build your own EHR search to generate a sample of  patients who meet the above criteria.
- Use an existing patient registry to identify eligible patients and select a sample of  patients.



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### Example of Calculation of Baseline Performance Measure for Adult Population

<b>Numerator</b>	# of the 10 patients selected below who have documentation of a depression screen performed within the past 12 months.	<b>Example performance calculation:</b>  5 patients in the baseline sample had appropriate documentation of a depression screen being performed	5 patients with documentation / 10 total patients = 0.50 or <b>50% performance rate</b> on depression screening
<b>Denominator</b>	10 randomly selected patients seen in the past 3 months, ages 18-64 years.		

### G. Print Your Baseline Data Collection Forms

Based on your target population and selected performance indicators, [print the tailored data collection form](#) to capture your baseline performance data from your review of patient records.

**\*Please confirm** that these are the correct performance indicators you wish to address with your QI activity.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

You will need to print at least  copies of the form.



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### H. Collect Your Baseline Data

Once you have printed the data collection forms, you are ready to go to your patient records to find the sample of patients and record their information about health assessment documentation on the data collection form. When you are done recording the information, return to this file to enter the data.

**Important:** After you have printed the form and conducted the chart review of  patients, return to this file to enter the data.

#### I. \*Baseline Data Entry

When you have completed your chart review of at least  patients, you are required to enter baseline performance data in this form to complete this section of the activity. After you enter the data completely, **summary charts and tables** will be generated for you to review in Section 5.

Select Continue to enter your baseline performance data.

Continue



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### Data for patients 1 to 5

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

Baseline Data Section



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### Data for patients 6 to 10

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.



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Data for patients 11 to 15 (optional for ABFM, required for ABIM, ABP, NCCPA, and other ABMS boards)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.



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Data for patients 16 to 20 (optional for ABFM, required for ABIM, ABP, NCCPA, and other ABMS boards)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.





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Data for patients 21 to 25 (optional for ABFM, required for ABIM, ABP, NCCPA, and other ABMS boards)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

## 5. Review the Baseline Performance Data and Plan a QI Activity

### Review Your Performance Data

*Baseline Performance: Health assessment documentation rates among patients in target population, by health assessment topic*

Performance measure results	Male	Female	All patients

Show Chart



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### Identify Areas For Improvement

#### How do I identify performance gaps?

Routine health assessments are designed to reach a high percentage of the patients in a targeted population. For patients seen in your practice, among the target population, you should ultimately aim for a goal of 90% of those patients having a complete health assessment documented within the past 12 months.

For this improvement activity, look for the following types of performance gaps in your data:

- Low (i.e., 50% or below) documentation of a health assessment topic.
- Health assessment topics you know you are covering regularly with your patients, but may be failing to document consistently or correctly.
- A 10% or greater difference in documentation rate between specific health assessment topics (e.g., a 10% or greater differential in documentation rates of smoking status versus physical activity).
- Percentages of documentation that fall below your own desired goal (e.g., 80% of all patients in the target population should have documentation of tobacco use, a depression screen, and physical activity).

### Plan For Your Improvements

Remember that this improvement activity is designed to test small changes that improve the documentation of the health assessment topics you selected. As you consider what you want to improve, think about:

- What improvements are most important to us now?
- What improvements are achievable?
- Who can help?

This [resource on Selecting Changes](#) from the Institute for Healthcare Improvement's Web pages on "How to Improve" can help you think about what types of improvements you can make.

#### Getting more help with planning your activity

You can also use the "Health Assessment Implementation Improvement Checklist" or find more detailed guidance in AHRQ's "Tools for Making Changes in Your Practice" ([see the "How-to Guide" in Section 9](#) and the [workflow considerations language in Section 3](#)).

#### Writing down your plan

On the following pages, you will be guided through several prompts to help you and your team write down specific improvement goals and a plan to achieve those goals.

If you need some more ideas about setting improvement goals, read more in [Setting Aims](#) from the Institute for Healthcare Improvement's Web pages on "How to Improve."

Continue

*"Our recommendations are:*

- 1. Figure out your workflow.*
- 2. Assess what you are going to do with the data you get.*
- 3. Determine what elements of health you are most interested in and know how to deal with the results most effectively.*
- 4. Start small and then expand."*

*~Family physician, suburban private practice, New Jersey*

### Write Down Your Improvement Plan

\*Set realistic goals for **2 to 5** health assessment documentation gaps.

- Focus on just a few health assessment topics in your baseline data that you want to work on to improve.
- **List at least 2** health assessment documentation goals. (You may choose to select more, but only 2 are required.)

\*Goal 1:

\*Goal 2:

Goal 3:

Goal 4:

Goal 5:

*Goal Example 1:  
Improvement from Baseline*

Improvement from Baseline
Goal 1. We want to improve our tobacco use documentation rates by 20% from baseline.
Goal 2. We want to improve our depression screening documentation rates by 20% from baseline.

*Goal Example 2:  
Absolute Rate (regardless of baseline rate)*

Absolute Documentation Percentage
Goal 1. We want to achieve 90% documentation rates for all patients in our target population for oral health screening.
Goal 2. We want to achieve 90% documentation rates for all patients in our target population for physical activity screening.

**\*Describe** how you plan to reach the performance goals you have set.

- What changes will the team make to help reach your goals?
  - » Example: Front desk will review patient questionnaires for completeness and highlight any missing information; medical assistants (MAs) will follow up with patients on missing information after rooming patient, then hand off to clinician as a reminder; clinician will focus on documenting in correct field in EHR after reviewing with patient or parent).
- Who on your care team will participate in implementing the change(s)?
  - » Example: Front desk, MAs, and clinicians.
  - » Example: We will provide a laminated workflow sheet as a reminder to front desk, MAs, and clinicians.
- When will the changes be tested (provide a specific start date)?
  - » Example: We will start testing this on Monday, January 6, 2015, and end on February 5, 2015.
- How do you anticipate the change(s) will improve your health assessment gap described above?
  - » Example: Double-checking for missing information first and then reminding clinicians to document appropriately will help ensure data are retrievable and thus show screenings are being done appropriately.

**\*What changes will the team make to help reach your goals?**

**\*Who on your care team will participate in implementing the change(s)?**

**\*When will the changes be tested?**

**\*What results do you anticipate?**

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## 6. Implement the Quality Improvement Activity

Now it is time to implement the QI plan you developed.

Refer to your stated improvement goals and plans (above) for who will participate and what each person will do to improve your health assessment documentation. Share the QI plan and start date with your team and discuss with them any concerns to ensure smooth implementation of your planned changes.

After you have completed the QI activity cycle, return to this PDF to collect and upload followup performance measurement data. This will help you to measure how your actions have affected completion rates of health assessments and documentation.

**Important:** You must implement the QI activity over a **minimum of 14 calendar days**. Although 14 days is the minimum, 1 to 3 months may be needed to complete your QI plan and test the improvements you planned.

Although you will not be able enter data in the followup data collection form until **at least 14 days after** baseline performance data were entered, you can return to this PDF at any time to print data collection forms, visit additional tools and resources, or print your QI plan.



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## 7. Collect Follow-Up Performance Data on Health Assessments

At least 14 days must have passed since collecting baseline performance data. Remember, 14 days is the minimum; a good rapid improvement cycle may take longer (from 1 to 3 months).

You will repeat the data collection process with the same data collection tools.

Through chart review, you are required to collect followup performance data on at least  patients seen during this activity's performance window. These do not need to be the same patients from the baseline data collection. You may collect the data on paper or electronically but you must enter the data in the fields below to count toward completion of this section of the MOC/CE activity.



For your chosen target population, you must complete a chart review meeting the following guidelines:

Charts for at least  of your patients

Patients must be between the ages of

Patients must have been seen since the quality improvement activity was implemented in your practice

Follow-up Data Section

No. Save & Exit

Yes. Print Forms

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### Before You Continue:

**Do not proceed unless at least 14 days have passed since you collected your baseline performance data.**

You will need to print at least  copies of the form.

**Important:** After you have printed the followup data collection document, conduct the chart review of  patients and return to this file to enter the data.

### \*Follow-Up Data Entry

When you have completed your chart review of at least  patients, you are required to enter followup performance data in this form to complete this section of the activity. After you enter the data completely, summary charts and tables will be generated for you to review.

Select Continue to enter your followup performance data.

Continue

Save & Continue

Save & Exit



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### Data for patients 1 to 5

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

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### Data for patients 6 to 10

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

**All data except race is required to proceed.**

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Data for patients 11 to 15 (optional for ABFM, required for ABIM, ABP, NCCPA, and other ABMS boards)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

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Data for patients 16 to 20 (optional for ABFM, required for ABIM, ABP, NCCPA, and other ABMS boards)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

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Data for patients 21 to 25 (optional for ABFM, required for ABIM, ABP, NCCPA, and other ABMS boards)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

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## 7a. Collect Followup Performance Data on Health Assessments (Round 2)

You will repeat the data collection process with the same data collection tools.

Through chart review, you are required to collect 2 rounds of followup performance data during this activity's performance window. They do not need to be the same patients from the baseline data collection. You may collect the data on paper or electronically but you must enter the data in the following fields to count toward completion of this section of the MOC/CE activity.

For your chosen target population, you must complete a chart review meeting the following guidelines:

Charts for at least  of your patients

Patients must be between the ages of

Patients must have been seen since the quality improvement activity was implemented in your practice



Follow-up Data Section Round 2

No. Save & Exit

Yes. Print Forms

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---------	--------------------------------------	---------------------------	-----------------------------------	------------------------	---------------------------	--------------------------------	------------------------	---------------------	----------------------	--------------------------

### Before You Continue:

\*Have you collected your first round of followup performance data?

You will need to print at least  copies of the form.

**Important:** After you have printed the followup data collection document, conduct the chart review of  patients and return to this file to enter the data.

### \*Followup Data Entry — Round 2

When you have completed your chart review of at least  patients, you are required to enter followup performance data in this form to complete this section of the activity. After you enter the data completely, summary charts and tables will be generated for you to review.

Select Continue to enter your followup performance data.

**Continue**





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### Data for patients 1 to 5 (Round 2)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

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### Data for patients 6 to 10 (Round 2)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

**All data except race is required to proceed.**



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### Data for patients 11 to 15 (Round 2)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

**All data except race is required to proceed.**

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### Data for patients 16 to 20 (Round 2)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
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\*Last 4 digits of the patient ID number only.

**All data except race is required to proceed.**



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### Data for patients 21 to 25 (Round 2)

Patient ID #*	Date of Last Visit	Age at Last Visit	Gender	Hispanic /Latino	Race	Documented	Documented	Documented	Documented	Documented
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					
			Male	Yes	White	Yes	Yes	Yes	Yes	Yes
			Female	No	Black/African American	No	No	No	No	No
				Unk.	Asian					
					Native Hawaiian/Pacific Isl.					
					Amer. Indian/Alaska Native					
					Other					

\*Last 4 digits of the patient ID number only.

All data except race is required to proceed.

Follow-up Data Section Round 2

## 8. Reflect on Your QI Activity

### Review The Followup Performance Data

As a next step, you must review your followup performance data and then answer two questions about your reflection on your QI activity.

*Followup Performance: Health assessment documentation rates among patients in target population, by health assessment topic.*

Performance measure results	Male	Female	All patients

Show Chart

### Compare Your Followup Data With Your Baseline Data

Show Charts

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### Reflect on Your QI Activity

You are almost done!

Before you can submit this activity for MOC Part IV or CE credit you must answer these questions about your activity to improve health assessments.

**\*Were you able to achieve your improvement goals for your planned activity?**

YES. What do you think helped to achieve your goals?

NO. What barriers or challenges did you encounter?

**\*What are your next steps for improving or maintaining health assessments in your practice?**

For more ideas on maintaining health assessments in your practice, read more in [Section 6 of Health Assessments in Primary Care: A How-to Guide](#).

Reflection Section

Save & Continue

Save & Exit

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## 9. Attest to Your Active Participation in Completing Each Section of This MOC / CE Activity

This is the last step before a final review of your MOC IV/CE activity and submission to your Board or organization for credit.

Participating Clinician:

Board ID#:

Quality Improvement Project Title: **Health Assessments Practice Improvement Activity**

I satisfied the meaningful participation requirements for this MOC/CE activity starting on \_\_\_\_\_ and ending on: \_\_\_\_\_

I provided direct or consultative patient care in this improvement activity.

I completed one or more tests of change to improve care.

My data and/or my team's data were collected and submitted in keeping with the QI activity measurement plan and I reviewed my own data during the project.

I met with my team for this QI activity.

I was active in the project for at least the minimum duration required by the improvement activity.

I met these requirements on \* \_\_\_\_\_ (enter the date on which you completed all of the requirements).

\* \_\_\_\_\_ **Signature**

Please type your full name on the Signature line above. Save the file.

I, \_\_\_\_\_, attest that I participated in this QI activity as described above.

**Important:** Your participation is subject to audit in accordance with your Board's MOC Part IV or PI-CME policies. You must maintain a permanent copy of this file for your records. Only send the attestation information on this page and/or the Certificate of Completion to the Board. Do not send the full copy of this file.

Physician Assistants should claim only the credit commensurate with the extent of their participation in the activity. This program was planned in accordance with NCCPA's CME Standards.

Attestation Section

Save & Continue

Save & Exit

Print Attestation

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## 10. Review, Save, and Submit Your Completion File For Credit

After you complete each review step below, please check the box next to the step.

\*Review this document for completeness:

I have completed the CME pre-test and post-test portion.

I have completed all of the baseline data entry with the correct number of records.

I have completed a written QI activity plan.

I have completed the QI activity.

I have completed all of the followup data entry with the correct number of records.

I have completed a reflection on the QI activity.

\*Verify that your Board credentials are correct

I have selected the correct Board for which I am seeking credit.

My Board credentials are correct.

\*Save this file

This file has been saved.

**Congratulations!** You are now ready to submit your completion file for credit from your selected Board.

Note: The only information that you will send to the Board or organization when you apply for credit is the data collected in Section 9. All other information, including your performance data, QI activity, and reflection, remains in this PDF file and is not transmitted to any other entity.

After you print the certificate and submit for credit, you can still return to this file at any time to review your data, review your QI plan, or use any of the tools or resources offered in the file.



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## Acknowledgements

### Faculty for this Course/Activity

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- Russ Mardon, PhD, Senior Advisor and Westat Associate Director
- Douglas Fernald, MA, Senior Instructor, Department of Family Medicine, University of Colorado School of Medicine
- Joshua Noda, MPP, Project Manager and Westat Senior Study Director
- Dan Unger, MS, Task Lead, Interactive Module Creation and Westat Senior Systems Analyst
- Karen Moyes, Lead Programmer and Westat Section 508 Coordinator
- Margot Krauss, MD, MPH, FACPM, Senior Advisor and Westat Senior Epidemiologist
- Tristen Hall, MPH, Professional Research Assistant, Department of Family Medicine, University of Colorado School of Medicine

Other University of Colorado School of Medicine team members include:

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- Sean O'Leary, MD, MPH, Associate Professor, Department of Pediatrics
- Carmen Lewis, MD, MPH, Associate Professor, Division of General Internal Medicine
- Donald Nease, Jr., MD, Associate Professor, Department of Family Medicine



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**3** ABOUT HEALTH  
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**4** BASELINE  
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**5** PLAN QI  
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QI ACTIVITY

**7** FOLLOWUP  
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**8** REFLECTION

**9** ATTESTATION

**10** REVIEW  
& PRINT

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# Certificate of Completion

*This Certificate accredits that*

Satisfied the meaningful participation requirements for the

MOC/CE activity, starting

and ending

## *Health Assessments Primary Care Practice Improvement Activity*

This activity has been reviewed by the American Academy of Physician Assistants and is approved for a maximum of 20 hours of Performance Improvement Continuing Medical Education (PI-CME).



Physicians must apply for MOC Part IV credit via the self-directed or small group quality improvement project to their certifying medical board.





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# Health Assessments

## A Primary Care Practice Improvement Activity

## Supplemental Forms

### *Is My Practice Already Conducting Health Assessments?*

Do we ask about multiple (6 or more) health behaviors and health risks, plus general health status and health goals	Yes	No
Do we use a standardized set of questions with our patients?	Yes	No
Are the questions applicable to most patients in our practice, regardless of their specific diagnoses?	Yes	No
Do we ask these questions of our patients or parents routinely (e.g., every visit or every year)?	Yes	No
Do we review the information with patients or parents after they complete the assessment?	Yes	No

If you answered “Yes” to all of these questions, you are likely collecting health assessment data. If you answered “No” to any of the questions, consider other ways you might already be collecting routine health assessment information, even if you do not call it by that name. If you are already using a brief health assessment in your practice, you may find you can augment it with a specific health assessment tool or specific questions to conduct a full health assessment with your patients.

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Several quality improvement or recognition programs require documenting or reporting specific information about your patients. Some of the items required may contain elements of health assessments, though they are often incomplete. Here are some common programs in primary care and their related health assessment items

Health Assessment Items	CMS Medicare Annual Wellness Visit	CMS Meaningful Use - Stage 1	NCQA HEDIS Measures 2015	NCQA PCMH <sup>a</sup> 2014	PQRS Measures 2015	The Joint Commission Core Measure Sets	USPSTF "A" or "B" Grade Recs
Alcohol Use	X			X	X	X	X <sup>b</sup>
Depression	X			X	X <sup>b</sup>		X <sup>b</sup>
Fall Risk	X		X <sup>c</sup>		X		
Physical Activity	X		X <sup>c</sup>	X			
Tobacco Use	X	X <sup>b</sup>		X	X <sup>b</sup>	X	X <sup>b</sup>

<sup>a</sup>. NCQA PCMH *Element 3C Comprehensive Health Assessment* includes "Behaviors affecting health," such as nutrition, oral health, risky sexual behavior.

<sup>b</sup>. Includes assessment and follow-up action (e.g., referral, counseling, other intervention).

<sup>c</sup>. Medicare patients only.

A more [complete crosswalk of health assessments](#) can be found here.



### Health Assessment Improvement Checklist

Here is a simple checklist that can help you and your practice think about what is working or not working:

Questions for your practice or team			If “No,” how can you improve this part of the assessment process?
In general, are patients completing the health assessments as expected?	Yes	No	
In general, are patients responding positively to the assessment?	Yes	No	
Are you reaching all or most of the patients you wanted to reach with the assessment?	Yes	No	
Can most patients complete the assessment in a timely manner?	Yes	No	
Do patients routinely complete all the questions on the assessment?	Yes	No	
Are staff members able to review the completed assessments as expected?	Yes	No	
Are clinicians able to review the completed assessments as expected?	Yes	No	
Are the clinicians in the practice providing acknowledgment and feedback to patients as expected?	Yes	No	
Are assessments being entered into patient charts correctly?	Yes	No	
Are you able to respond to “positives” as expected?	Yes	No	

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## BASELINE DATA COLLECTION: CHART REVIEW FORM

Reminders about this chart review:

- Print at least      copies of this form (1 for each patient record you will review) Use. Ctrl+P and print pages 63-68.
  - Charts for at least      of your patients
  - Patients must be between the ages of
  - Patients must have been seen in the past 3 months in your practice
- 

1. **Patient ID:** \_\_\_\_\_ (e.g., 09 or 24-1234567890)

2. **Most recent visit date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy; e.g., 01/01/2014)

3. **Age at most recent visit:** \_\_\_\_\_ (in years; e.g., 25)

4. **Gender**

- Male
- Female

5. **Patient is Hispanic or of Latino origin or descent:**

- Yes
- No
- Unknown

6. **Race (check all that apply):**

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other
- Unknown

7. **Has advanced care planning been documented for the patient?**

- Yes
- No

8. **Has the patient's alcohol use been documented within the past 12 months?**

- Yes
- No

9. **Has the patient's anxiety screening been documented within the past 12 months?**

- Yes
- No

10. **Has an assessment of the patient's cognitive impairments been documented within the past 12 months?**

- Yes
  - No
-



11. Have the patient's/parent's communication needs been documented within the past 12 months?
- Yes
  - No
12. Has the patient's depression screening been documented within the past 12 months?  
\*NEWBORNS: Has the patient's mother been screened for depression?
- Yes
  - No
13. Has the patient's developmental assessment been documented within the past 12 months?
- Yes
  - No
14. Have the patient's eating habits been documented within the past 12 months?
- Yes
  - No
15. Has an assessment of the patient's risk for falls been documented within the past 12 months?
- Yes
  - No
16. Has the patient's functional status been documented within the past 12 months?
- Yes
  - No
17. Has the patient's general health status been documented within the past 12 months?
- Yes
  - No
18. Has at least one patient health goal been documented within the past 12 months?
- Yes
  - No
19. Has an assessment of the patient's/parent's health literacy been documented within the past 12 months?
- Yes
  - No
20. Has the patient's level of stress been documented within the past 12 months?
- Yes
  - No
21. Has the patient's use of seat belts when driving been documented within the past 12 months?
- Yes
  - No
22. Has an assessment of the patient's oral health been documented within the past 12 months?
- Yes
  - No
-

**23. Has the patient's level of pain been documented within the past 12 months?**

- Yes
- No

**24. Has the patient's level of physical activity been documented within the past 12 months?**

**\*\*CHILDREN: Ages 15 months and older.**

- Yes
- No

**25. Has an assessment of the patient's time spent watching TV and playing video or computer games been documented within the past 12 months?**

- Yes
- No

**26. Has an assessment of the patient's social support been documented within the past 12 months?**

- Yes
- No

**27. Has the patient's use of illegal drugs been documented within the past 12 months?**

- Yes
- No

**28. Has the patient's smoking status/tobacco use been documented within the past 12 months?**

- Yes
  - No
-

## FOLLOWUP DATA COLLECTION: CHART REVIEW FORM

Reminders about this chart review:

- Print at least      copies of this form (1 for each patient record you will review)
  - You must wait at least 14 days from baseline data collection before entering followup data
  - Charts for at least      of your patients
  - Patients must be between the ages of
  - Patients must have been seen since the quality improvement activity was implemented in your practice
- 

1. **Patient ID:** \_\_\_\_\_ (e.g., 09 or 24-1234567890)

2. **Most recent visit date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy; e.g., 01/01/2014)

3. **Age at most recent visit:** \_\_\_\_ (in years; e.g., 25)

4. **Gender**

- Male
- Female

5. **Patient is Hispanic or of Latino origin or descent:**

- Yes
- No
- Unknown

6. **Race (check all that apply):**

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other
- Unknown

7. **Has advanced care planning been documented for the patient?**

- Yes
- No

8. **Has the patient's alcohol use been documented within the past 12 months?**

- Yes
- No

9. **Has the patient's anxiety screening been documented within the past 12 months?**

- Yes
  - No
-

10. Has an assessment of the patient's cognitive impairments been documented within the past 12 months?
- Yes  
 No
11. Have the patient's/parent's communication needs been documented within the past 12 months?
- Yes  
 No
12. Has the patient's depression screening been documented within the past 12 months?  
\*NEWBORNS: Has the patient's mother been screened for depression?
- Yes  
 No
13. Has the patient's developmental assessment been documented within the past 12 months?
- Yes  
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14. Have the patient's eating habits been documented within the past 12 months?
- Yes  
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15. Has an assessment of the patient's risk for falls been documented within the past 12 months?
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16. Has the patient's functional status been documented within the past 12 months?
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17. Has the patient's general health status been documented within the past 12 months?
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18. Has at least one patient health goal been documented within the past 12 months?
- Yes  
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19. Has an assessment of the patient's/parent's health literacy been documented within the past 12 months?
- Yes  
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20. Has the patient's level of stress been documented within the past 12 months?
- Yes  
 No
21. Has the patient's use of seat belts when driving been documented within the past 12 months?
- Yes  
 No
-

**22. Has an assessment of the patient's oral health been documented within the past 12 months?**

- Yes
- No

**23. Has the patient's level of pain been documented within the past 12 months?**

- Yes
- No

**24. Has the patient's level of physical activity been documented within the past 12 months?**

**\*\*CHILDREN: Ages 15 months and older.**

- Yes
- No

**25. Has an assessment of the patient's time spent watching TV and playing video or computer games been documented within the past 12 months?**

- Yes
- No

**26. Has an assessment of the patient's social support been documented within the past 12 months?**

- Yes
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  - No
-