Physician Office Agency Change Package

Provider Name: ______________________________ Date: ______________

Provider Number: ______________ Name of Provider Contact Person: ____________________

Please Check One or More	Interventions
	Office System Improvements
	Arrange for the practice to be informed when one of its patients has been admitted to (and discharged from) an acute care hospital
	Develop office systems to receive medical information about the practice's patients recently discharged from the hospital (or short-term nursing facility), including through the implementation of electronic medical records, and to assure that this information in placed in the patient's medical record
	Arrange for the practice to be able to schedule follow-up visits within an appropriate period of time after discharge
	Implement systems to remind patients of visits scheduled after they have been discharged from an acute care hospitalization (or short-term nursing facility)

	Assure review of medications (and medication reconciliation) for patients recently discharged from the hospital (or short-term nursing facility) by practice staff during the first visit post discharge
	Develop active processes to reach out to patients who miss visits scheduled after they have been discharged from an acute care hospitalization
	Patient Education
	Provide patient education materials to patients with selected chronic diseases who have recently been discharged from the hospital or a short-term nursing facility
	Educate patients with chronic conditions (and their caregivers/families) about "red flag" events that should be reported immediately to the practice
	Promote the use of personal health records
	Linkages with Other Providers
	Develop linkages with home health agencies to improve coordination of care for the practice's patients recently discharged from the hospital (or short-term nursing facility) • Develop systems for sharing information about patients who are receiving home health care • Notify home health agencies when one of their patients has an acute problem rather than automatically sending the patient to the emergency department
	Develop linkages with hospices to improve coordination of care for the practice's patients recently discharged from the hospital who are receiving hospice services or are candidates to receive them

	For physicians treating patients in nursing facilities, participate in the development and implementation of protocols to respond to acute illnesses (in order to prevent unplanned hospitalizations)
	Tracking and Analysis of Readmissions
	Develop a system to track and analyze the number of and reasons for rehospitalizations
	Other Practice-Chosen Interventions

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