

## Care Transitions Project Physician Practice Assessment

Practice Name: \_\_\_\_\_

Respondent: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

**Question:**

**Response:**

Does the practice admit patients to the hospital?	
If the practice does not admit patients to the hospital, how well does it communicate with the hospitalists?	
When patients in the practice are admitted by another physician, does the practice get good information about the care provided?	
Does the practice have a good relationship with the Emergency Department physicians?	
Does the practice treat patients in nursing facilities?	
How does the practice coordinate care with primary care physicians?	
What is the relationship of the practice with home health agencies?	

Does the practice have any involvement with telehealth provided by home health agencies or disease management companies?	
What is the relationship of the practice with hospices?	
Does the practice arrange for patients to be scheduled for follow-up visits shortly after discharge?	
Does the practice provide patient education services?	

Notes:



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