



**CALIFORNIA CHRONIC CARE LEARNING COMMUNITIES INITIATIVE COLLABORATIVE**  
 Learning Session 2 – Assessing Chronic Illness Care

Team Name:	Date:
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**Directions:**  
 Please score each section from the perspective of your pilot site as directed by the facilitator. For each category, please circle the point value that best describes the level of care that currently exists in the pilot site for diabetes.

**Clinical Information System**

- 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.
- Areas to consider:
  - Provide timely reminders for providers and patients.
  - Identify relevant subpopulations for proactive care.
  - Facilitate individual patient care planning.
  - Share information with patients and providers to coordinate care.
  - Monitor performance of practice team and care system.

**Score:**

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

**Decision Support**

- Effective chronic illness management programs assure that providers have access to evidence-based information necessary to care for patients—decision support.
- Areas to consider:
  - Embed evidence-based guidelines into daily clinical practice.
  - Integrate specialist expertise and primary care.
  - Use proven provider education methods.
  - Share evidence-based guidelines and information with patients to encourage their participation.

**Score:**

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

**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 provisions of care.
- Areas to consider:
  - Define roles and distribute tasks among team members.
  - Use planned interactions to support evidence-based care.
  - Provide clinical case management services for complex patients.
  - Ensure regular follow-up by the care team.
  - Give care that patients understand and that fits with their cultural background.

**Score:**

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



**Self-Management Support**

- Effective self-management support can help patients and families cope with the challenges of living with chronic illnesses and reduce complications and symptoms
- Areas to consider:
  - Emphasize the patient’s central role in managing their health.
  - Use effective self-management support strategies that include assessment, goal-setting, action planning, problem-solving and follow-up.
  - Organize internal and community resources to provide ongoing self-management support to patients.

**Score:**

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

**Community Linkages**

- Linkages between the health delivery system (or provider practice) and community resources play important roles in management of chronic illness
- Areas to consider:
  - Encourage patients to participate in effective community programs.
  - Form partnerships with community organizations to support and develop interventions that fill gaps in needed services.
  - Advocate for policies to improve patient care

**Score:**

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

**Organization of the Healthcare Delivery System**

- Chronic illness management programs can be more effective if the overall system in which care is provided is oriented and led in a manner that allows for a focus on chronic illness care
- Areas to consider:
  - Visibly support improvement at all levels of the organization, beginning with the senior leader.
  - Promote effective improvement strategies aimed at comprehensive system change.
  - Encourage open and systematic handling of errors and quality problems to improve care.
  - Provide incentives based on quality of care.
  - Develop agreements that facilitate care coordination within and across organizations.

**Score:**

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