

Assessing Chronic Illness Care

Source: Bonomi AE, Wagner EH, Glasgow RE, VonKorff M. Assessment of Chronic Illness Care (ACIC): A practical tool to measure quality improvement. Health Services Research 2002; 37:791-820.

All 28 items with minimal wording changes to reflect prenatal tobacco screening and treatment instead of chronic illness

Part I. Organization of the Health Care Delivery System

Components	Little Support	Basic Support	Good Support	Full Support
Overall organizational leadership in tobacco screening and treatment	...does not exist or there is little interest	...is reflected in vision statements and business plans, but no resources are specifically earmarked to execute the work	...is reflected by senior leadership and specific dedicated resources (dollars and personnel)	...is part of the system's long term planning strategy, receives necessary resources, and specific people are held accountable
Score	0 1 2	3 4 5	6 7 8	9 10 11
Organizational goals for tobacco screening and treatment	...do not exist or are limited to one condition	...exist but are not actively reviewed	...are measurable and reviewed	...are measurable, reviewed routinely, and are incorporated into plans for improvement
Score	0 1 2	3 4 5	6 7 8	9 10 11
Improvement strategies for tobacco screening and treatment	...are ad hoc and not organized or supported consistently	...utilize ad hoc approaches for targeted problems as they emerge	...utilize a proven improvement strategy for targeted problems	...include a proven improvement strategy and are used proactively in meeting organizational goals
Score	0 1 2	3 4 5	6 7 8	9 10 11
Incentives and regulations for tobacco screening and treatment	...are not used to influence clinical performance goals	...are used to influence utilization and costs of tobacco screening and treatment	...are used to support patient care goals	...are used to motivate and empower providers to support patient care goals
Score	0 1 2	3 4 5	6 7 8	9 10 11
Senior leaders	...discourage enrollment of pregnant smokers	...do not make improvements to tobacco screening and treatment a priority	...encourage improvement efforts in tobacco screening and treatment	...visibly participate in improvement efforts in tobacco screening and treatment
Score	0 1 2	3 4 5	6 7 8	9 10 11
Benefits	...discourage patient self-management or system changes	...neither encourage nor discourage patient self-management or system changes	...encourage patient self-management of system changes	...are specifically designed to promote better tobacco screening and treatment
Score	0 1 2	3 4 5	6 7 8	9 10 11

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Part III: Self-Management Support

Components	Little Support	Basic Support	Good Support	Full Support
Assessment and documentation of self-management needs and activities Score	...are not done 0 1 2	...are expected 3 4 5	...are completed in a standardized manner 6 7 8	...are regularly assessed and recorded in standardized form linked to a treatment plan available to practice and patients 9 10 11
Self-management support Score	...is limited to the distribution of information (pamphlets, books) 0 1 2	...is available by referral to self-management classes or educators 3 4 5	...is provided by trained clinical educators who are designated to do self-management support, are affiliated with each practice, and see patients on referral 6 7 8	...is provided by clinical educators affiliated with each practice, trained in patient empowerment and problem-solving methodologies, and see most patients with chronic illness 9 10 11
Addressing concerns of patients and families Score	...is not consistently done 0 1 2	...is provided for specific patients and families through referral 3 4 5	...is encouraged, and peer support groups and mentoring programs are available 6 7 8	...is an integral part of care and includes systematic assessment and routine involvement in peer support, groups, or mentoring programs 9 10 11
Effective behavior change interventions and peer support Score	...are not available 0 1 2	...are limited to the distribution of pamphlets, booklets, or other written information 3 4 5	...are available only by referral to specialized centers staffed by trained personnel 6 7 8	...are readily available and an integral part of routine care 9 10 11

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Part IV: Decision Support

Components	Little Support	Basic Support	Good Support	Full Support
Evidence-based guidelines	...are not available	...are limited to the distribution of pamphlets, booklets, or other written information	...are available only by referral to specialized centers staffed by trained personnel	...are readily available and an integral part of routine care
Score	0 1 2	3 4 5	6 7 8	9 10 11
Involvement of specialists in improving tobacco screening and treatment	...is primarily through traditional referral	...is achieved through specialist leadership to enhance the capacity of the overall system to routinely implement guidelines	...includes specialist leadership and designated specialists who provide primary care team training	...includes specialist leadership and specialist involvement in improving the care of primary care patients
Score	0 1 2	3 4 5	6 7 8	9 10 11
Provider education for tobacco screening and treatment	...is provided sporadically	...is provided systematically through traditional methods (e.g. one-time training)	...is provided using optimal methods (e.g. academic detailing)	...includes training all providers in quality improvement and systems approaches as well as tobacco screening and treatment methods
Score	0 1 2	3 4 5	6 7 8	9 10 11
Informing patients about guidelines	...is not done	...happens on request or through system publications	...is done through specific patient educational materials for the smoking cessation guideline	...included specific materials developed for patients which describe their role in achieving guideline adherence
Score	0 1 2	3 4 5	6 7 8	9 10 11

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V. Delivery System Design

Components	Little Support	Basic Support	Good Support	Full Support
Practice team functioning	...is not addressed	...is addressed by assuring the availability of individuals with appropriate training in key elements of tobacco screening and treatment	...is assured by the appointment of a team leader but the role in tobacco screening and treatment is not defined	...is guaranteed by the appointment of a team leader who assures that the roles and responsibilities for tobacco screening and treatment are clearly defined
Score	0 1 2	3 4 5	6 7 8	9 10 11
Practice team leadership	...is not recognized locally or by the system	...is assumed by the organization to reside in specific organizational roles	...is assured by the appointment of a team leader but the role in tobacco screening and treatment is not defined	...is guaranteed by the appointment of a team leader who assures that roles and responsibilities for tobacco screening and treatment are clearly defined
Score	0 1 2	3 4 5	6 7 8	9 10 11
Appointment system	...can be used to schedule acute care visits, follow-up and preventive visits	...assures scheduled follow-up with pregnant women who smoke	...are flexible and can accommodate innovations such as customized visit length or group visits	...included organization of care that facilitates the patient seeing multiple providers in a single visit
Score	0 1 2	3 4 5	6 7 8	9 10 11
Follow-up for tobacco treatment	...is scheduled by patients or providers in an ad hoc fashion	...is scheduled by the practice in accordance with guidelines	...is assured by the practice team by monitoring patient utilization	...is customized to patient needs, varies in intensity and methodology (phone, in-person, mail) and assures guideline follow-up
Score	0 1 2	3 4 5	6 7 8	9 10 11
Planned visits	...are not used	...are occasionally used for complicated patients	...are an options for interested patients	...are used for all patients and include regular assessment, preventive interventions, and attention to self-management support
Score	0 1 2	3 4 5	6 7 8	9 10 11
Continuity of care	...is not a priority	...depends on written communication between case managers and prenatal care providers	...between case managers, prenatal care providers, and other groups is a priority but not implemented systematically	...is a high priority and all tobacco screening and treatment interventions include active coordination between case managers, prenatal care providers, and other relevant groups
Score	0 1 2	3 4 5	6 7 8	9 10 11

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VI. Clinical Information Systems

Components	Little Support	Basic Support	Good Support	Full Support
Registry (list of pregnant clients who smoke) Score	...is not available 0 1 2	...includes name, description of tobacco use, contact information, and date of last contact either on paper or in a computer database 3 4 5	...allows queries to sort sub-populations by clinical priorities (e.g. heavy smokers, clients on pharmacotherapies) 6 7 8	...is tied to guidelines which provide prompts and reminders about needed services 9 10 11
Reminders to case managers and prenatal care providers Score	...are not available 0 1 2	...include general notification of current tobacco use by a pregnant client, but does not describe needed services at time of encounter 3 4 5	...includes indications of needed services for the population of pregnant smokers through periodic reporting 6 7 8	...includes specific information for the team about guideline adherence at the time of individual client encounters 9 10 11
Feedback Score	...is not available or is non-specific to the team 0 1 2	...is provided at infrequent intervals and is delivered impersonally 3 4 5	...occurs at frequent enough intervals to monitor performance and is specific to the team's population 6 7 8	...is timely, specific to the team, routine and personally delivered by a respected opinion leader to improve team performance 9 10 11
Information about relevant subgroups of patients needing services Score	...is not available 0 1 2	...can only be obtained with special efforts or additional programming 3 4 5	...can be obtained only upon request but is not routinely available 6 7 8	...is provided routinely to providers to help them deliver planned care 9 10 11
Client treatment plans Score	...are not expected 0 1 2	...are achieved through a standardized approach 3 4 5	...are established collaboratively and include case management, provider, and quitline components 6 7 8	...are established collaboratively and include case management, provider, and quitline components. Follow-up occurs and guides care at every point of service. 9 10 11