

SAMPLE AGENDA

Integrated Care Certification

Time	DAY 1 - Activity		Organization Participants
	Reviewer 1	Reviewer 2	
8:00 – 8:30	Opening Conference <ul style="list-style-type: none"> • Introductions • Overview of certification program (surveyors) • Review organization's goals and expectations for the on-site visit (organization) • Review visit agenda and logistics (e.g., sites included in visit, travel to sites, timing of group meetings) 		
8:30 – 8:45	Orientation to Organization's Integrated Care Program <p>The organization is asked to provide a high-level overview of their integrated care program in either a 10-15 minutes presentation or in discussion that focuses on the following:</p> <ul style="list-style-type: none"> • Vision and planning for patient-centered, integrated care, treatment and services • Scope of care, treatment and services included in the integrated care program (i.e., hospitals and ambulatory clinics, primary care and specialty care physicians, medical groups, urgent care, convenient care) • Patient populations that integrated care program covers • Program structures and processes that support the provision of patient-centered, clinically integrated care • Leaders and staff involved in the design, development and operations of the integrated care program • Current program status, that is, what is currently in place that reviewers will see and hear about from staff throughout the organization's integrated care program • Clinical integration related initiatives that are in design, planning, development, and testing phases 		
8:45 – 9:30	Care Integration Design and Planning <p>Discussion will build upon the introduction from the previous activity and explore in more depth the following topics:</p> <ul style="list-style-type: none"> • Strategic planning process • Program leadership • Ambulatory and hospital care alignment efforts • Program design influences (e.g., community needs assessments, clinic and physician office patient population, patient population risks and outcomes, evidence-based information) • Integration incentives, influencers <ul style="list-style-type: none"> ▪ Group purchasing/negotiation power ▪ Technology planning, affordability, and access (e.g., hospital IT support with equipment purchases, 		

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	maintenance, security <ul style="list-style-type: none"> ▪ Service availability and accessibility (e.g., centralized scheduling, urgent care or convenient care) ▪ Medical specialty resources ▪ Access to patient-centered care resources (e.g., interpreter services, translated written materials) ▪ Patient health and self-management education resources ▪ Resources to monitor emerging trends ▪ Population/community health data ▪ Facilitating access to interdisciplinary care, treatment and service needs of patients • Communication planning and processes • Performance improvement related to patient-centered, integrated care program <ul style="list-style-type: none"> ▪ Patient involvement ▪ Focus of priorities and activities ▪ Scope of performance improvement activity—that is, does it span the inpatient and outpatient setting 		
9:30 – 10:00	Tracer Activity Planning Session		
10:00 – 12:30 Includes travel time to ambulatory sites	Individual Tracer Activity	Individual Tracer Activity	
12:30 – 1:00	Lunch		
1:00 – 3:00	Individual Tracer Activity	Individual Tracer Activity	
3:00 – 4:00	Multi-Disciplinary (Interdisciplinary) Group Interview <i>(Note: This could be an already established group or committee of representatives that lead or guide clinical activities and priorities of the integrated care program.)</i> Discussion will focus on how clinical integration manifests on the front-line. Surveyors and participants will explore <ul style="list-style-type: none"> • Processes supporting clinical integration (e.g., information sharing, hand-offs between providers and settings, facilitating patient transitions) • Role of the multi-disciplinary group • Patient-centric interdisciplinary team composition and planning • Coordination and collaboration between settings, services and care providers 		

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	<ul style="list-style-type: none"> • Influence of different disciplines on the program design • Patient and family participation in treatment planning • Patient and family access to the team, to ambulatory services 		
4:00 – 4:30	Reviewer Team Meeting / Planning Session		

Time	DAY 2 - Activity		Organization Participants
	Reviewer 1	Reviewer 2	
8:00 – 8:30	Daily Briefing		
8:30 – 11:00	Individual Tracer Activity	Individual Tracer Activity	
11:00 – 12:00	Patient Group Interview (If possible; or surveyors will continue tracer activity) <i>Note: This could be an established group or patient members of other organization committees, such as: patients who are part of a support group, patients scheduled for monitoring and education group appointments, patient relations committee members, patient advisory committee, or any other organized patient and family groups.</i> Discussion topics include: <ul style="list-style-type: none"> • Describe your experiences moving between hospital and ambulatory care (doctor visit, specialty clinic visit). Did you have any concerns? • Does the access you have to doctors or your other care team members meet your needs? • When you have questions related to medications, or need to clarify instructions you received or concerns about your health and treatment, whom do you call? • How do you communicate with your doctor or other care team members (phone, email, text, patient portal)? • Have you been involved in planning your care and treatment? How? What does the doctor or care team expect of you? 		
12:00 – 12:30	Lunch	Lunch	

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Time	DAY 2 - Activity		Organization Participants
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12:30 – 2:00	Individual Tracer Activity	Individual Tracer Activity	
2:00 - 3:00	Program Performance Improvement Discussion with program representatives will include topics such as: <ul style="list-style-type: none"> • Integrated care program's priorities for performance improvement • Efforts to measure performance across health care settings • Outcomes of interest to employed and community physicians • Outcomes of interest to other ambulatory care partners • Performance measurement already taking place that relates to patient-centered, integrated care program efforts • Patient satisfaction data • Physician and care team member performance information needs 		
3:00 – 4:00	Reviewer Report Preparation		
4:00 – 4:30	Exit Conference		

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