| Time | **DAY 1 - Activity** | | **Organization Participants** |
| --- | --- | --- | --- |
| **Reviewer 1** | **Reviewer 2** |
| 8:00 – 8:30 | **Opening Conference**   * 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**  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:   * 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**  Discussion will build upon the introduction from the previous activity and explore in more depth the following topics:   * 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 * Group purchasing/negotiation power * Technology planning, affordability, and access (e.g., hospital IT support with equipment purchases, maintenance, security * 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   + 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**  *(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.)*  Discussion will focus on how clinical integration manifests on the front-line. Surveyors and participants will explore   * 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 * 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** |
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| **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)**  *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.*  Discussion topics include:   * 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 |  |
| 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:   * 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** | |  |