| 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)
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|  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 – 12:30Includes 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** |
| --- | --- | --- |
| **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** |  |