

**GERIATRIC SERVICES
CAPACITY ASSESSMENT**

**DOMAIN 2 – HIGHLY
RESPONSIVE PRIMARY CARE**

ASSESSING YOUR RESULTS

Domain 2: Highly Responsive Primary Care

2.1 Primary Care Network Capacity

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.1.1 Does your organization assess the geriatric capacity of provider networks?		
2.1.2 Are strategies employed to help primary care practitioners enhance their geriatric awareness and competencies?		
2.1.3 Do all primary care practices have a network of accessible geriatric-competent providers for basic diagnostic tests, including x-ray and laboratory testing?		
2.1.4 When involving non-primary care entities, are there strategies that primary care providers can use to help them become more aware and competent to care for the geriatric population?		
2.1.5 Are there strategies in place to ensure integration of primary care and behavioral health, as well as close collaboration between primary care, behavioral health, and LTSS providers?		
2.1.6 Do all primary care practitioners have access to a network of medical sub-specialists who are experienced in providing care for geriatric consumers?		
2.1.7 Is there a mechanism to track the performance of non-primary care entities?		
2.1.8 Do primary care providers use care guidelines to observe for secondary complications of chronic conditions or common problems associated with aging?		

2.2 Availability of Care

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.2.1 Are primary care practitioners available for diagnosis and treatment at all times?		
2.2.2 Are primary care practitioners available to provide care in the community (clinic or place of residence)?		
2.2.3 Are primary care practitioners' schedules adequately flexible to provide same-day episodic care assessment and clinical management?		
2.2.4 Are mental and behavioral health crisis intervention services available at all times?		
2.2.5 If applicable, do non-primary care entities routinely communicate with the IDT or primary care manager to ensure adherence to treatment plans and follow up on referrals?		

2.3 Medication Management

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.3.1 Are all medications reviewed at assessment, reassessment, transitions, and when there is a significant change in condition?		
2.3.2 Is a consulting clinical pharmacist available to the IDT to assess and address polypharmacy and inappropriate prescribing?		
2.3.3 Is the consumer's primary care practitioner informed when another practitioner orders a medication change?		
2.3.4 Are consumers and their caregivers trained in medication administration, if needed?		

2.4 Communication, Equipment, and Physical Access

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.4.1 Do consumers have access to the care and equipment they need to maximize health and independence, both in and outside the home?		
2.4.2 Do all care settings offer communication access that includes translation?		
2.4.3 Do organizations modify communications for consumers with cognitive impairments?		
2.4.4 Are offices, including home- and community-based service settings arranged for easy access, minimal hazards, and as a pleasant, reassuring, age-friendly environment?		
2.4.5 Do primary care practices and other care settings have adequate equipment (such as scales, exam tables, and lift equipment) to provide comprehensive care for members with physical and cognitive impairments?		

2.5 Preventive Care and Health Education

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
2.5.1 Do primary care practitioners have guidance on how to tailor care protocols and registries for the management of chronic conditions for geriatric consumers?		
2.5.2 Are consumers and caregivers/personal care assistants provided with health promotion and self-care education specific to the consumer?		
2.5.3 Do primary care practitioners follow clinical protocols for the identification and treatment of key secondary conditions related to functional capacity in the older adult?		