

PRACTICE ASSESSMENT QUESTIONNAIRE (PAQ)

In order for the Suffolk Care Collaborative to successfully engage our partners we need a better understanding of each practice. Please complete this practice assessment which is a requirement to successfully execute the partner agreement.

ONE PAQ PER PRACTICE

Please return by email and/or Fax to: Kevin Bozza, Director, Network Development & Performance

Email: kevin.bozza@stonybrookmedicine.edu Fax: 631-638-1009

Thank you for completing the assessment!

hysician, NP or PA Name	NPI Number	Accepts Medicaid (Y/N



PRACTICE ASSESSMENT QUESTIONNAIRE (PAQ)

Addresses of Office Locations (Please attach additional forms if needed)							
Street/Suite/Floor	City	Zip	Phone	Breakdown	Type of EMR	#Clinical EHR	
		Code	Number/FAX	of # of MDs,	used at each	Users/	
				PAs, NPs	location, and	#Non Clinical	
					RHIO if different	EHR Users	
					than below		
DSRIP Practice Lead Name							
(ex: Practice Manager)							
DSRIP Practice Lead Phone: Email:							
FAX:							
IT Contact Name:							
(At each location if differen	it)						
				5			
IT Contact Phone:				Email:			
Electronic Health Record (EHR) Software							
Software Vendor:							



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Product Name:	Product Version:			
Are users able to generate ad hoc reports against the EH Yes No	R database?			
RHIO				
 Is your practice connected to a RHIO? Yes If Yes, which RHIO (i.e. Thinc, Healthix, e-Health Net How do you exchange EMR data with your RHIO or c 				
 No No, in process of registering with a RHIO. 				
Meaningful Use				
 Has your practice met Meaningful Use requirements? Yes If Yes, which stage No No, in process of meeting requirements 				
Other				
 Is your practice recognized as a NCQA Patient Centered N Yes If Yes, what recognition level No No, in process of certifying. 				
Staff and Physicians have received training in cultural cor Yes If Yes, identify resources				
 Staff and Physicians have received training in performance Yes If Yes, identify resources No 				
 Have you incorporated a quality improvement model wit Yes If Yes, identify Model				