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Date Completed / /

Reviewer ID:

Time to complete this form :

Write case synopsis here:

General Instructions:
- Answer every question by marking the appropriate box(es), unless there is a skip instruction [GO TO QX] next to your answer.
- Rate the process, not the outcome. Try not to consider the patient’s actual outcome, but rather the odds that outcomes would be significantly worse or better than average for patients receiving this same treatment.
- Integrate information about multiple providers or settings. Weigh each piece of information you are trying to integrate based on how important it was to the patient’s care; then provide a single answer that sums up the overall care the patient received.
- Reviewers are often concerned about whether poor documentation is equivalent to poor care. Be reassured that while records somewhat undercount what physicians do, record review has a strong and consistent relationship to quality. Try to use all clues available to assess quality; but if you believe the record does not adequately document good care, do not hesitate to downgrade your quality ratings on the review form. In areas where the discrepancy between documentation and performance is likely to be greatest, such as in the areas of counseling, prevention, and psychosocial care, we have adjusted the questions to account for this discrepancy.
SECTION I: ONGOING CARE FOR PREVENTION, MINOR ILLNESSES, AND CHRONIC ILLNESS

In this section, answer the questions as they relate to:

- Prevention
- Minor illnesses
- Chronic illness
  ⇒ include exacerbations of those illnesses unless they are severe enough to meet criteria for Acute Illness, as described below.

**Exclude care for Acute Illness:** Acute illness is further defined under Section II, (page 27). Acute illnesses are those that may result in relatively immediate severe morbidity or death and require timely action by the provider.

## PREVENTIVE CARE

Instructions for the next question:
Consider preventive care in relation to the table below and rate the amount and appropriateness of preventive care for this patient. The table lists some screening recommendations. Although they are not universally accepted as necessary (for example, yearly depression screening), providers who follow them should receive a high rating. This question is meant to identify care that meets or exceeds standards for preventive care, rather than to penalize providers for not providing all potentially indicated care.

Definitions:
- **Not done** = a period of care greater than one year was reviewed, and no evidence of preventive care was recorded.
- **Unable to assess** = the care being reviewed encompasses less than one year, and no preventive care is recorded. If a period less than one year is reviewed and evidence of preventive care is present, rate that care as adequate or excellent.
- **Adequate** = at least one appropriate preventive measure was taken and documented.
- **Excellent** = most, if not all, appropriate preventive measures were taken and documented.

<table>
<thead>
<tr>
<th>Type of Patient/Condition</th>
<th>Screening Recommendation</th>
</tr>
</thead>
</table>
| Everyone                 | - Yearly depression screening  
                          - Yearly smoking screening and cessation counseling for smokers  
                          - Yearly alcohol screening and counseling  
                          - Yearly exercise counseling  
                          - Yearly blood pressure evaluation  
                          - Yearly nutrition counseling  
                          - Cholesterol screening every 5 years  
                          - Tetanus (every 10 years)  
                          - Advance directive (once)  
| Women                    | - Yearly pap  
                          - Yearly breast exam (age 50 and over)  
                          - Yearly mammogram (age 50 and over)  
| Age 50 and above          | - Yearly stool guaiac or flex sig/colonoscopy every 10 years  
                          - Yearly rectal exam  
| Age 65 and above or relevant chronic illness | - Pneumovax (once)  
                          - Yearly influenza vaccine  
| Overweight (BMI >25)      | - Yearly weight control counseling  
| Diabetes                 | - Yearly pedal pulses/foot exam  
                          - Yearly proteinuria screen  
                          - Yearly eye exam  
                          - Yearly Hemoglobin A1c  
| Hypertension             | - Yearly counseling on fluid/sodium restriction  
| Congestive Heart Failure  | - Yearly counseling on fluid/sodium restriction  
                          - Echocardiogram/ejection fraction (1)  

1. According to the above definitions, how would you rate the preventive care this patient received during the interval of time reviewed?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Done</td>
<td>(&gt; 1 yr reviewed)</td>
</tr>
<tr>
<td>Unable to Assess</td>
<td>(&lt; 1 yr reviewed)</td>
</tr>
<tr>
<td>Adequate</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>

Continue with Q1A  GO TO Q2  GO TO Q2  GO TO Q2
Instructions for the next question:
If there is an explanation, other than poor care, for the lack of preventive care recorded, choose the appropriate answer.

1.A If you answered “Not Done” in question 1, which, if any of the following, explain or mitigate the failure to screen?

Mark all that apply

- Patient had a terminal illness
- Physician acting in a consultative role only (primary physician care not reviewed)
- Patient refused to undergo screening

Other, please specify ____________________________

OR

None of the above

PROBLEM LIST

Definitions for the next question:
- Not done = a period of care greater than one year was reviewed, and no problem list is found.
- Unable to assess = the care being reviewed encompasses less than one year, and no problem list found. If a period less than one year is reviewed and a problem list is found, rate that care as adequate or excellent.
- Adequate = a problem list is present, although it may not be complete.
- Excellent = the problem list contains all relevant problems and is up-to-date.

2. According to the above definitions, how would you rate the problem list for this patient's record?

Note: A problem list may be a separate document or it may be part of the notes for a given visit. Consider a scenario where you are covering for this patient's physician, and base your rating on the extent to which you would have to search through the records to identify important problems if the record was your only information source.

<table>
<thead>
<tr>
<th>Not Done</th>
<th>Unable to assess</th>
<th>Adequate</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(&gt; 1 yr reviewed)</td>
<td>(&lt; 1 yr reviewed)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
USE OF SERVICES FOR MINOR AND CHRONIC ILLNESSES

3. Did the patient receive care for a chronic medical or psychological illness (such as diabetes, congestive heart failure, osteoarthritis, or depression), or a minor short-term illness such as an upper respiratory infection, during the period reviewed?

Note: Mark “Minor only” if the patient has no chronic illnesses.

Mark one box only.

Yes, Chronic  ➤ Continue with Q4
Yes, Minor only  ➤ Continue with Q4
No  ➤ GO TO Q6

Instructions for the next question (on the following page):
This question asks about the use of particular types of services related to care for minor and chronic illnesses. Answer about both quantity (overuse and underuse) and quality (timeliness and appropriateness), of these services. Only consider visits at which providers delivered care for minor or chronic problems. Care that relates to visits for prevention should be considered under the subsection “Preventive Care” (page 22). Care that relates to visits for severe acute problems should be considered under Section II, “Acute Illness Episodes” (page 27).

• Definitions for Quantity:
  ➞ Too Little = most patients would have better outcomes if more of this service were used.
  ➞ About Right = appropriate amount of that service, given the patient’s status at the time of use (even if the treatment was done to treat a complication of prior mismanagement). INCLUDE circumstances in which the service was not needed AND not used.
  ➞ Too Much = The equivalent health benefits for the patient could have been achieved without using as much of the indicated service.

• Definitions for Quality:
  ➞ Poor = unacceptable quality.
  ➞ Adequate = acceptable, although minimally so.
  ➞ Good/Excellent = care significantly increases the chance of a good outcome.
  ➞ N/A = the service was not provided, or its quality could not be assessed.
4. According to the definitions above, what is your assessment of the 1) quantity and 2) quality of the following tests or treatments?

**Note:** Integrate your findings across the entire period of time covered by the records you reviewed. Judge the importance of any particular episode of better or worse care in terms of its potential impact on the patient's health status, and weight that episode accordingly in your judgments.

<table>
<thead>
<tr>
<th>Test and Procedure</th>
<th><strong>Quantity</strong></th>
<th><strong>Quality</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Too Little</td>
<td>About Right</td>
</tr>
</tbody>
</table>

**Tests and Procedures**

- a. Blood, urine and stool tests, other non invasive tests and imaging (including CT imaging without IV contrast)
- b. Invasive procedures and tests (including imaging with IV contrast and procedures requiring conscious sedation)

**Clinical Care**

- c. Primary physician(s) visits
- d. Physician referrals or consultations (e.g., neurology, psychiatry, surgery, internal medicine subspecialties or any MD with a special area of expertise)
- e. Non-physician consultations (e.g., respiratory therapist, dietitian, social worker, and physical therapist, psychologist)
- f. Long-term care (e.g., home care, skilled nursing facility, rehabilitation facility, hospice)
- g. Surgery (inpatient and outpatient)

**Medications**

- h. Prophylactic medications (not including treatment for pain)
- i. Therapeutic medications (not including treatment for pain)
- j. Prophylactic and therapeutic treatment of pain

**Other**

- k. Use of durable medical goods (e.g., walkers, canes)
CLINICAL MANAGEMENT FOR MINOR AND CHRONIC ILLNESS

Instructions for the next question:
The previous question addresses the use of specific services. This question examines the quality of the primary provider's problem detection and management in relation to the patient's minor and chronic conditions. Only consider visits at which providers delivered care for minor or chronic problems. Care that relates to prevention should be considered under the subsection “Preventive Care.” Care that relates to acute problems should be considered under Section II, “Acute Illness Episodes.” Integrate your findings across the entire period of time covered by the records you reviewed. Judge the importance of any particular episode of better or worse care in terms of its potential impact on the patient’s health status, and weight that episode accordingly in your judgments.

Definitions:
- Items a-d: Imagine you are suddenly asked to take over care for this patient. Consider each one of the patient’s complaints or problems, and evaluate the extent to which pertinent assessments have been performed and documented.
  - Excellent = all the data you need for diagnosis and therapy have been gathered.
  - Adequate = evaluation is minimally acceptable and would allow you to make the most important decisions.
  - Very Poor = you would need to start over evaluating this patient.
- Item e:
  - Excellent = all important diagnoses are mentioned.
  - Adequate = minimally acceptable, because although some significant diagnoses are missing, the most important are mentioned.
  - Very Poor = important errors in diagnosis that decrease the likelihood of a good outcome.
- Item f: Consider only problems or diagnoses that were identified by the provider. Poor problem identification should be rated under the subsection “Preventive Care”, or in Items 5 a-d (assessment). For example, if you think the provider should have identified a problem of liver disease, based on abnormal test results, but the provider did not, do not rate management of liver disease.
  - Excellent = ideal treatment.
  - Adequate = minimally acceptable because important treatments given, although some significant treatments are omitted.
  - Very Poor = wrong treatments are given or important correct treatments are omitted, such that the probability of a good outcome is substantially reduced.

5. According to the above definitions, how would you rate the quality of each of the following components of care as they relate to minor or chronic illnesses?

Note: Exclude severe acute illness episodes likely to have major health impacts within one month and requiring timely provider action (these are rated in Section II).

REMINDER:
Consider all patient complaints and identified active problems and then judge assessment, diagnosis, and management of them.

<table>
<thead>
<tr>
<th></th>
<th>Very Poor</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not needed/Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Assessment by physicians of patient’s medical and surgical history, allergies, and current medications.</td>
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<tr>
<td>b. Assessment by physicians of functional status and psychosocial situation.</td>
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<tr>
<td>c. Physical examination.</td>
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</tr>
<tr>
<td>d. Laboratory testing: selection and timing of tests.</td>
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</tbody>
</table>
**QUESTION 5 CONTINUED**

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<tr>
<th></th>
<th>Very</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not needed/Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Physicians’ integration of clinical information and development of appropriate diagnoses and problem list.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Development and execution of treatment plans.</td>
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<td></td>
</tr>
</tbody>
</table>

**SECTION II: ACUTE ILLNESS EPISODES**

In this section, answer the questions as they relate to illnesses that meet both of the following criteria:

1. The illness might result in hospitalization, death, or severe morbidity within one month without treatment.
2. The illness requires timely action on the part of the provider to maximize the chance of a good outcome.

Consider illnesses meeting this definition to be acute, even if they represent exacerbations of pre-existing chronic illnesses.

6. Was there an acute illness episode during the period of care reviewed?

   Mark one box

   Yes  ➔ Continue with Q7

   No ➔ GO TO Q9

**USE OF SERVICES FOR ACUTE ILLNESS EPISODES**

Instructions for the next question (on the following page):
This question asks about the use of particular types of services related to acute illness care. Answer about both quantity (overuse or underuse) and quality (timeliness and appropriateness) of these services.

- **Definitions for quantity:**
  ⇒ *Too Little* = most patients would have better outcomes if more of this service were used.
  ⇒ *About Right* = appropriate amount of that service, given the patient's status at the time of use (even if the treatment was done to treat a complication of prior mismanagement). INCLUDE circumstances in which the service was not needed AND not used.
  ⇒ *Too Much* = The equivalent health benefits for the patient could have been achieved without using as much of the indicated service.

- **Definitions for quality:**
  ⇒ *Poor* = unacceptable quality.
  ⇒ *Adequate* = acceptable, although minimally so.
  ⇒ *Good/Excellent* = care significantly increases the chance of a good outcome.
  ⇒ *N/A* = the service was not provided, or its quality could not be assessed.
7. According to the definitions above, what is your assessment of the 1) quantity and 2) quality of the following tests or treatments?

**Note:** Integrate your findings across the entire period of time covered by the records you reviewed. Judge the importance of any particular episode of better or worse care in terms of its potential impact on the patient's health status, and weight that episode accordingly in your judgments.

<table>
<thead>
<tr>
<th>Tests and Procedures</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Blood, urine and stool tests, other non-invasive tests and imaging (including CT imaging without IV contrast)</td>
<td>Too Little</td>
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</tr>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Primary physician(s) visits</td>
<td>PRIMARY PHYSICIAN CARE IS RATED IN QUESTION 8</td>
</tr>
<tr>
<td>d. Physician referrals or consultations (e.g., neurology, psychiatry, surgery, internal medicine subspecialties or any MD with a special area of expertise)</td>
<td></td>
</tr>
<tr>
<td>e. Non-physician consultations (e.g., respiratory therapist, dietitian, social worker, and physical therapist, psychologist)</td>
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</tr>
<tr>
<td>f. Long-term care (e.g., home care, skilled nursing facility, rehabilitation facility, hospice)</td>
<td></td>
</tr>
<tr>
<td>g. Surgery (inpatient and outpatient)</td>
<td></td>
</tr>
<tr>
<td>h. Inpatient acute hospital admissions</td>
<td></td>
</tr>
<tr>
<td>i. Emergency department services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>j. Prophylactic medications (not including treatment for pain)</td>
<td></td>
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<td>k. Therapeutic medications (not including treatment for pain)</td>
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</tr>
<tr>
<td>l. Prophylactic and therapeutic treatment of pain</td>
<td></td>
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</tbody>
</table>

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<tr>
<th>Other</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>m. Use of durable medical goods (e.g., walkers, canes)</td>
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</tbody>
</table>
CLINICAL MANAGEMENT FOR ACUTE ILLNESS

Instructions for the next question:
The previous question addresses the use of specific services. This question examines the quality of the primary provider's problem detection and management in relation to the patient's acute illnesses, over the 2 to 4 weeks after the beginning of the episode. Only consider visits at which providers delivered care for acute illness, as defined at the beginning of Section II. Care that relates to ongoing issues, including prevention, minor illness, and chronic illness should have been considered under Section I. Integrate your findings across the entire period of time covered by the records you reviewed. Judge the importance of any particular episode of better or worse acute care in terms of its potential impact on the patient's health status, and weight that episode accordingly in your judgments.

Definitions:
- **Items a-d**: Imagine you are suddenly asked to take over care for any one of the acute illness episodes included in your review. You arrive just in time to make diagnoses and initiate treatment based on the assessment data already collected. Evaluate the extent to which pertinent assessments have been performed and documented.
  - **Excellent** = all the data you need for diagnosis and therapy have been gathered.
  - **Adequate** = evaluation is minimally acceptable and would allow you to make the most important decisions.
  - **Very Poor** = you would need to start over evaluating this patient.
- **Item e**:  
  - **Excellent** = all important diagnoses are mentioned.
  - **Adequate** = minimally acceptable, because although some significant diagnoses are missing, the most important are mentioned.
  - **Very Poor** = important errors in diagnosis that decrease the likelihood of a good outcome.
- **Item f**: Consider only problems or diagnoses that were identified by the provider. Poor problem identification should be rated under Items 5 a-d (assessment). For example, if you think the provider should have identified a problem of liver disease, based on abnormal test results, but the provider did not, **do not** rate management of liver disease. If, on the other hand, a needed treatment is given, you can infer that an associated problem has implicitly been identified and then judge the quality of the treatment. For example, if insulin is given, you can infer that the physician detected diabetes and then rate the quality of the management, even if no note states the diagnosis in the record.
  - **Excellent** = ideal treatment.
  - **Adequate** = minimally acceptable because important treatments given, although some significant treatments are omitted.
  - **Very Poor** = wrong treatments are given or important correct treatments are omitted, such that the probability of a good outcome is substantially reduced.

8. According to the above definitions, how would you rate the quality of each of the following components of care as they relate to acute illnesses?

<table>
<thead>
<tr>
<th>REMINDER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider all patient complaints and identified active problems and then judge assessment, diagnosis, and management of them.</td>
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<tr>
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</table>
QUESTION 8 CONTINUED

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
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<td></td>
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<tr>
<td>f. Development and execution of treatment plans.</td>
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</tbody>
</table>

SECTION III: COMMUNICATION, EDUCATION, AND ACCESS TO CARE

Instructions for Questions 9, 10 & 11:
To answer these questions, think about all of the care delivered, regardless of who delivered it. Weight each piece of information you are trying to integrate based on how important it was to the patient’s care, then provide a single answer that sums up the overall care the patient received.

Definitions
- **Excellent** = both the patient and his/her family had all their questions answered, and they were educated about the important issues with their care.
- **Adequate** = the most important questions were answered, though some may have been neglected, and relevant complications (such as bleeding on coumadin) were discussed, albeit perhaps not in great detail.
- **Very poor** = There is evidence that such communication was inadequate, misleading or relayed incorrect information.
- **Unable to Judge** = there is inadequate information to assess communication or education in this case.

In your assessment of communication and education, include:
- quality of assessment and management of patient preferences (e.g. for particular treatments).
- education of patient and family.

9. According to the definitions above, how would you rate the quality of communication:

<table>
<thead>
<tr>
<th></th>
<th>Unable to Judge or N/A</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Between primary physician(s) and this patient?</td>
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<tr>
<td>b. Between other providers (e.g., consultants) and this patient?</td>
<td></td>
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</tr>
</tbody>
</table>
10. According to the definitions above, how would you rate the overall quality of the education provided to the patient and family by primary physician(s) and by consultants (physician and non-physician)?

Unable to Judge    Very Poor    Poor    Adequate    Good    Excellent

**Instructions for the next question:**
Rate the quality of communication and coordination between providers. Base your rating on the extent to which each provider knows and understands the actions of other providers, and the extent to which there is a clear overall plan guiding clinical care.

**Definitions**
- *Very poor* = there is evidence that important information about the patient was not communicated among providers.
- *Adequate* = communication was acceptable, although minimally so.
- *Excellent* = each provider knew relevant details of care provided by the patient’s other providers and took these into account.
- *Unable to Judge* = there is inadequate information to assess communication/coordination in this case.

11. According to the definitions above, how would you rate coordination and continuity of care throughout the period of care you reviewed?

Unable to Judge    Very Poor    Poor    Adequate    Good    Excellent

12. How would you rate patient access to his/her primary provider?

**Note:** In your assessment of access to care, consider such things as telephone contacts, prompt office visits as needed, and proactive office staff case management.

Unable to Judge    Very Poor    Poor    Adequate    Good    Excellent
SECTION IV: OVERALL QUALITY OF CARE

13. Considering everything you know about this patient, how would you rate the overall quality of care delivered to this individual during the period of care you reviewed?

Note: When rating overall care, consider that standard care refers to the minimal care physicians agree should be given, regardless of whether the general practice is to administer this care.

Extreme, below standard  Below standard  Standard  Above standard  Extreme, above standard

Instructions for the next question:
For this next question, consider a scenario in which your mother is ill and in need of medical care.

Definitions
- Definitely not = you would do almost anything possible to make sure she was not cared for by this patient's physicians, even to the extent of delaying her treatment, for example.
- Probably not = you would try to transfer her if transfer were easy, but you would not do anything extreme to have her treated by other physicians.
- Probably yes = you would not try to transfer her care to other physicians.
- Definitely yes = you would actively seek out these physicians to care for your mother.

14. Would you send your mother to be cared for by these physicians?

Definitely not  Probably not  Not sure  Probably yes  Definitely yes
15. If there were any question(s) on this form you did not feel qualified to answer regarding this patient (given your own background and knowledge), please indicate which ones:

Mark all that apply

1  1A
2
3
4 a b c d e f g h l j k
5 a b c d e f g
6
7 a b c d e f g h l j k l m
8 a b c d e f g
9 a b
10
11
12
13
14

16. If you did not feel qualified to rate all aspects of this patient’s care, which other kind(s) of physician(s) should also review the diagnostic and treatment issues in this record?

Mark all that apply

General Internist
Internal Medicine Subspecialist (Specify )
General Surgeon
Surgical Subspecialist (Specify )
Obstetrician/Gynecologist
Other kind of physician (Specify )