

**DOCUMENTATION COVER SHEET TEMPLATES**

For use with PHAB Standards and Measures v1.5

March 2020

**DOMAIN 7**

For each example submitted as documentation, complete the appropriate cover sheet template. Ensure that each required element for the measure is specified with a PDF page number and include any brief explanatory notes, if needed.

The documentation cover sheet templates do not take the place of the Standards and Measures. Remember, each example must fit within the context of the Domain and standard and meet the intent of the measure, as described in the Purpose and Significance statements.

Throughout the templates, specific words and phrases are underlined. These words and phrases are requirements that have been frequently missed. These underlines are intended to direct the reader to the element, but do not indicate that the word or phrase is more important than any other element of the requirement.

Some measures include a “NOTE.” These notes are from PHAB’s Accreditation Specialists and are intended to help with the interpretation of the requirement.

Please direct any measure interpretation questions to your assigned Accreditation Specialist.

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| **Measure # 7.1.1** | Process to assess the availability of health care services. | |
| RD # 1 | A collaborative process to assess availability of health care services. | 1 collaborative process |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| Note: Measure 7.1.1 is about a process to assess the availability of health care services. The 3 RDs all relate to that process. The first RD requires that the process be collaborative. Part of that collaborative is the sharing of data (RD2) and the consideration of emerging health issues (RD3). | | | |
| 1 | The health department must document its participation in a collaborative process to assess the availability of health care services to the population. |  |  |
|  | The collaborative process must include the involvement of the health care system. |  |  |
|  | Information on the partnerships developed to assess health care must include rosters of coalition/network/council members. |  |  |

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| **Measure # 7.1.1** | Process to assess the availability of health care services. | |
| RD # 2 | The sharing of comprehensive data for the purposes of assessing the availability of health care services and for planning. | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document the sharing of public health Tribal, state, and/or local data for assessment and planning purposes.  NOTE: The examples provided must relate to the partnership provided in RD1. However, the sharing of data may go beyond the partners of the partnership to include other entities. |  |  |

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| **Measure # 7.1.1** | Process to assess the availability of health care services. | |
| RD # 2 | The sharing of comprehensive data for the purposes of assessing the availability of health care services and for planning. | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document the sharing of public health Tribal, state, and/or local data for assessment and planning purposes.  NOTE: The examples provided must relate to the partnership provided in RD1. However, the sharing of data may go beyond the partners of the partnership to include other entities. |  |  |

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| **Measure # 7.1.1** | Process to assess the availability of health care services. | |
| RD # 3 | Consideration of emerging issues in public health, the health care system, and health care reimbursement. | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 3 | The health department must document consideration of emerging issues that may impact access to care.  NOTE: The examples provided must relate to the partnership provided in RD1. |  |  |

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| **Measure # 7.1.1** | Process to assess the availability of health care services. | |
| RD # 3 | Consideration of emerging issues in public health, the health care system, and health care reimbursement. | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 3 | The health department must document consideration of emerging issues that may impact access to care.  NOTE: The examples provided must relate to the partnership provided in RD1. |  |  |

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| **Measure # 7.1.2** | Identification of populations who experience barriers to health care services identified. | |
| RD # 1 | A process for the identification of un-served or underserved populations. | 1 process |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document the process and information used to identify populations who lack access to health care.  Note: The process must be comprehensive to identify populations across the jurisdiction. This should not be issue specific (e.g. dental) but should encompass broader access to health care services. |  |  |

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| **Measure # 7.1.2** | Identification of populations who experience barriers to health care services identified. | |
| RD # 2 | A report that identifies populations who are un-served or under-served. | 1 report |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must provide a report that identifies populations who experience barriers to health care services.  Note: The report must be comprehensive to identify populations across the jurisdiction. This should not be issue specific (e.g. dental) but should encompass broader access to health care services. |  |  |

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| **Measure # 7.1.3** | Identification of gaps in access to health care services and barriers to  the receipt of health care services identified. | |
| RD # 1 | The process or set of processes used for the  Identification of service gaps and barriers to  accessing health care services. | 1 process or set of processes |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document the process used to identify gaps in health care services and barriers to care. |  |  |
| The documentation must identify who was involved in the identification process. |  |  |

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| **Measure # 7.1.3** | Identification of gaps in access to health care services and barriers to  the receipt of health care services identified. | |
| RD # 2 | Reporting the analysis of data from across the partnership (see 7.1.1) that identify the gaps in access to health care services and the causes of gaps in access, or barriers to care.  Reports must include: | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must provide reports of analysis of data from various partnership sources that identify and describe gaps in access and barriers to health care services. |  |  |
| Reports must include analysis of data and conclusions that can help develop effective strategies to address gaps in access. |  |  |
| At a minimum, data sources must include the  partners that participated in the collaborative process described in measure 7.1.1.  The reports must include: |  |  |
| 2a | Assessment of capacity and distribution of health care providers. These data will show geographic gaps in the availability of health care providers. |  |  |
| 2b | Assessment of the availability of health care services |  |  |
| 2c | Assessment of cause(s) for lack of access to services and barriers to access to care. |  |  |
| 2d | Results of data or information gathered concerning access. These data collection efforts do not have to be administered by the health department, but the results must be considered in the assessment of gaps in access and barriers to care. |  |  |

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| **Measure # 7.1.3** | Identification of gaps in access to health care services and barriers to  the receipt of health care services identified. | |
| RD # 2 | Reporting the analysis of data from across the partnership (see 7.1.1) that identify the gaps in access to health care services and the causes of gaps in access, or barriers to care.  Reports must include: | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must provide reports of analysis of data from various partnership sources that identify and describe gaps in access and barriers to health care services. |  |  |
| Reports must include analysis of data and conclusions that can help develop effective strategies to address gaps in access. |  |  |
| At a minimum, data sources must include the  partners that participated in the collaborative process described in measure 7.1.1.  The reports must include: |  |  |
| 2a | Assessment of capacity and distribution of health care providers. These data will show geographic gaps in the availability of health care providers. |  |  |
| 2b | Assessment of the availability of health care services |  |  |
| 2c | Assessment of cause(s) for lack of access to services and barriers to access to care. |  |  |
| 2d | Results of data or information gathered concerning access. These data collection efforts do not have to be administered by the health department, but the results must be considered in the assessment of gaps in access and barriers to care. |  |  |

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| **Measure # 7.2.1** | Process to develop strategies to improve access to health care services. | |
| RD # 1 | A coalition/network/council working collaboratively to reduce barriers to health care access or gaps in access. | 1 collaborative process |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document its involvement in a collaborative process for developing strategies to improve access to health care. |  |  |
| The example must demonstrate involvement of representatives of providers of health care services |  |  |
| The documentation must demonstrate that the group is actively working to identify strategies.  Note: Examples must be from current, active partnerships and not partnerships that have completed their tasks and disbanded. |  |  |

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| **Measure # 7.2.1** | Process to develop strategies to improve access to health care services. | |
| RD # 2 | Strategies developed by the coalition/  Network /council working through a collaborative process to improve access to health care services. | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must provide strategies that the coalition/network/council developed to improve access to health care services and reduce barriers to care.  NOTE: The examples must relate to the coalition/network/council provided RD1. |  |  |

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| **Measure # 7.2.1** | Process to develop strategies to improve access to health care services. | |
| RD # 2 | Strategies developed by the coalition/  Network /council working through a collaborative process to improve access to health care services. | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must provide strategies that the coalition/network/council developed to improve access to health care services and reduce barriers to care.  NOTE: The examples must relate to the coalition/network/council provided RD1. |  |  |

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| **Measure # 7.2.2** | Implemented strategies to increase access to health care services. | |
| RD # 1 | Collaborative implementation of mechanisms or strategies to assist the population in obtaining health care services. | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document collaborative implementation of strategies to improve access to services for those who experience barriers.  Note: Examples must not about the health department providing health care services. The intent is a systems level strategy, thus examples of the HD providing health care services in different settings is outside PHAB’s scope of authority. |  |  |

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| **Measure # 7.2.2** | Implemented strategies to increase access to health care services. | |
| RD # 1 | Collaborative implementation of mechanisms or strategies to assist the population in obtaining health care services. | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document collaborative implementation of strategies to improve access to services for those who experience barriers.  Note: Examples must not about the health department providing health care services. The intent is a systems level strategy, thus examples of the HD providing health care services in different settings is outside PHAB’s scope of authority. |  |  |

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| **Measure # 7.2.3** | Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences. | |
| RD # 1 | Initiatives to ensure that access and barriers are addressed in a culturally competent manner. | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document that initiatives to ensure access and address barriers are culturally competent, and take into account cultural, language, or low literacy barriers.  Note: These examples must specifically address access to care, i.e. increasing access to health care services. |  |  |

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| **Measure # 7.2.3** | Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences. | |
| RD # 1 | Initiatives to ensure that access and barriers are addressed in a culturally competent manner. | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document that initiatives to ensure access and address barriers are culturally competent, and take into account cultural, language, or low literacy barriers.  Note: These examples must specifically address access to care, i.e. increasing access to health care services. |  |  |

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