



# Pinnacle Award

**Submit your application to Rosemary Hokanson at [Rhokanson@csms-ipa.com](mailto:Rhokanson@csms-ipa.com)**

Practice Name:	
Provider (s):	
Practice/Office Manager	
Staff:	
Staff:	
Staff:	
Staff:	
Nominated By:	
Phone:	

## Section 1: Demographics

The information to be provided in this section relates to the awards nominee- describe your practice, patient demographics and your organization. How long have you been in practice, how many patients you serve, what is the age distribution? Are you a Patient Centered Medical Home? Are you a primary care practice, specialist or both? (100 Words maximum)



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Section 2: Short Answer (Answers should be no more than 100 words each- maximum)

1. How does your practice provide access to care? Describe your office hours and if you may have extended office hours to allow individuals to access care before or after work or on the weekends.
2. Describe a best practice for ensuring that your patients engage in their annual care visits and chronic care appointments.
3. Does your practice provide educational materials to your patients and their caregiver? If so do you provide these materials via a patient portal? Do you engage in Chronic Care Management?
4. How do you ensure your patient population has the appropriate resources to ensure their transition of care from hospital admission?
5. How do you assess for Medication Adherence and management of high risk medication?

Section 3: Essay

This is the largest part of your submission, and your opportunity to tell your story. Tells us why you think you would be an exceptional choice for the CSMS-IPA Pinnacle Award? (1000 Words Max)