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PCMH Health Care Provider Annual Report Deadline: March 31, 2016

Montana PCMHs are in various stages of their practice transformation process. Answer only those questions relevant to your clinic. (Not all questions may be applicable.) Some questions may be a follow-up to the data collected from the **2015 Progress Update** or relate to the **2016 Quality Metric Report**. Other questions ask about the broader story of PCMH transformation, beyond the data. Clinical staff familiar with PCMH activities will be needed to respond to many of the questions.

Information from this report will contribute to a 2016 required report to the Montana legislature. Clinic names will not be included in the report. Ultimately, report findings will make the case for the value of PCMH to policy makers, insurers, and patients.

Practice Transformation Process

1. What aspect of practice transformation has been most beneficial to the primary care physicians and/or providers in the clinic?

3. How have you created a more patient-centered environment?

4. As part of NCQA/AAAHC/Joint Commission accreditation, did you identify gaps in

care? Yes

No

4a. If yes, what gaps did you identify and what are you focusing on for 2015?

5. Please share the best aspects of PCMH practice transformation for patients in your clinic that are in one or more of the following groups: diabetes or hypertension diagnosis, tobacco users, and childhood immunizations. If possible, provide one example for each.

6. Please share a patient success story that resulted from your clinic's PCMH implementation. Please include specific intervention steps taken in the patient's care as a result of your practice's transformation. The story should illustrate how a patient is cared for differently before and after PCMH implementation.

7. Does your clinic assess social determinants of health, including but not limited to income level, education level, or family circumstances?

- Yes
- No

7a. If yes, what resources do you provide to address patients' socioeconomic needs?

8. Did your clinic use patient satisfaction surveys?

a. Pre-implementation:

- Yes
- No

b. Post implementation:

- Yes
- No

c. Did you use the surveys to make changes?

- Yes
- No

d. If yes, what kind of changes?

Educating Patients about PCMH

9. Do you inform your patients that your clinic is a PCMH?

- Yes
 No

10. Are you educating patients about the benefits of PCMH?

- Yes
 No

11. What, if any, patient feedback has your clinic received from the CSI-provided educational materials?

12. What aspects of PCMH transformation do you share with your patients?

Depression Screening

12. What percentage of your clinic's total patients is screened for depression? Estimate if necessary.

- 0%
 <10%
 11 - 25%
 26 - 50%
 51 - 75%
 76 - 100%
 Other

14b. If your clinic screens a sub-population for depression, how do you target patients? Which patients are typically screened? For example: those with a diagnosis/past diagnosis, a recent death in their family, substance abuse problems, or socioeconomic needs.

Substance Abuse - Related to addressing Montana's high depression and suicide rate

13. What percentage of your clinic's total patients is screened for substance abuse?
Estimate if necessary.

0%

<10%

11 - 25%

26 - 50%

51 - 75%

76 - 100%

Other

15b. If your clinic screens a sub-population for substance abuse, how do you target patients to screen? What patients are typically screened? For example: those with a history of substance abuse, a depression diagnosis, a recent death in their family, or socioeconomic needs.

Barriers and Best Practices

16. What barriers to screening for depression or substance abuse has your clinic encountered?

17. What barriers to facilitating treatment for depression or substance abuse has your clinic encountered?

Please share best practices of intervention for patients screened positive for depression or substance abuse.

18. Please share any additional information that you think others should know about your clinic's practice transformation.

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