



Montana PCMH Program 2015 Annual PCMH Progress Update

2015 PCMH Progress Update - **DUE October 29, 2015**

The Progress Update is to help practices identify their PCMH focus, strengths, and weaknesses. The responses also allow program administrators to connect participants with appropriate resources, if the practice is interested. The administrators also use this information to highlight the strengths of the Montana PCMH Program and to identify areas where improvement could occur and assistance could be provided. The data helps program administrators make informed decisions regarding program development, such as reporting requirements. PCMH providers can use the information as an advocacy tool in their organizations and payors can use the information to plan their PCMH contracts. The comparative data shows the progress of practices' PCMH transformation year-to-year. Please complete the update by EOB on Thursday, October 29th.

1. Contact Person Name

2. Address

Name of Practice

Name of Practice Site (if applicable)

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number



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General Practice Information

3. What date did your practice receive PCMH recognition from NCQA or other approved accreditation agency?

Date MM DD YYYY
 / /

4. How many unique patients were seen by primary care providers in your practice between January and December of 2014?

5. Does your practice integrate the following staff into your care model? Please indicate whether each of the following roles is utilized for any amount of time.

Included in the care team

Primary Care Physician	<input type="checkbox"/>
Primary Care Physician Assistant	<input type="checkbox"/>
Primary Care Nurse Practitioner	<input type="checkbox"/>
Integrated Primary Care related Behavioral Health Services	<input type="checkbox"/>
Care Coordinators/Managers or Patient Navigator	<input type="checkbox"/>
Certified Diabetes Educator	<input type="checkbox"/>
Administrative Staff	<input type="checkbox"/>
Medical Assistant	<input type="checkbox"/>
Nurse (RN, LPN, etc.)	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>
Clinical Pharmacist	<input type="checkbox"/>
Certified Asthma Educator	<input type="checkbox"/>
Certified Lactation Consultant	<input type="checkbox"/>

6. For each role included in your care team, please indicate how many full time equivalent staff (FTE) are currently being used in your clinic. Please enter numbers only.

Primary Care Physician

Primary Care Physician
Assistant

Primary Care Nurse
Practitioner

Integrated Primary Care
Related Behavioral Health
Services

Care
Coordinators/Managers or
Patient Navigator

Certified Diabetes
Educator

Administrative Staff

Medical Assistant

Nurse (RN, LPN, etc.)

Dietitian

Clinical Pharmacist

Certified Asthma Educator

Certified Lactation
Consultant



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Enhanced Payment Information

7. Does your practice currently receive enhanced reimbursement from any commercial or public health plan for primary care related services such as a PCMH participation fee, chronic disease management, quality improvement, or other PCMH related components? (This question refers only to payor programs labeled "Medical Home" or "Patient-Centered Medical Home.")

Yes

No

8. If yes, which payor(s) are you receiving the payments from?

Blue Cross Blue Shield of Montana

PacificSource Health Plans

Medicaid

Allegiance

Humana

New West Health Plans

Montana Health Co-op

Other (please specify)

9. If you answered "yes" to Question 7, please indicate the percentage of your practice's total patient population that your clinic receives PCMH compensation for?

- 0 - 10%
- 11 - 25%
- 26 - 50%
- Above 50%

10. What do you feel is the most important work you do for PCMH that you should be reimbursed for in a reformed payment model? Choose your top 3 only.

- Preventive health care services
- Chronic disease management
- Care coordination
- Population management patient outreach
- Community partnerships
- Primary care related integrated behavioral health services
- Primary care related clinical pharmacy services
- Scribes (or equivalent clinical assistant)
- Electronic health record capabilities
- Data registry capabilities
- Patient involvement in quality and planning (e.g. patient advisory council)
- Other (please specify)



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Current PCMH Status: Transformation, Progress, and Measurement

11. Please select below, your current PCMH practice transformation focus points. Choose your top 3.

- Preventive health care services
- Chronic disease management
- Care coordination
- Population management patient outreach
- Community partnerships
- Primary care related integrated behavioral health services
- Primary care related clinical pharmacy services
- Scribes (or equivalent clinical assistant)
- Electronic health record capabilities
- Data registry capabilities
- Patient involvement in quality and planning (e.g. patient advisory council)
- Other (please specify)

12. In regard to PCMH transformation in your practice, what technical assistance or other support would be most useful at this time?

13. Does your practice have a formal quality improvement strategy or use standardized quality improvement methodologies?

- Yes
- No

14. Are you using one of the following standardized methods/strategies? Check all that apply.

- Lean management principles
- Six Sigma
- Plan-Do-Study-Act (PDSA) cycles
- Institute for Health Improvement's (IHI) model for improvement
- Other (please specify)

15. Does your practice have a staff person who has dedicated quality improvement responsibilities?

- Yes
- No

16. If yes, please provide the contact information for the quality improvement staff person.

Name	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

17. Please enter the approximate number of hours your staff person spends on QI per week.

18. Does your practice utilize the following? Check all that apply.

Patient advisory council

Patient surveys

Other (please specify)

19. Has your practice enhanced access to care for patients?

Yes

No

20. Please select the ways in which your practice has enhanced access to care. Check all that apply.

Electronic communication/e-mail

Expanded office hours

Same day appointments

Clinical advice system available when office is not open

Patient portal

Telephonic or electronic visits

Other (please specify)

21. Has your practice incorporated care coordination and/or disease management into care delivery?

Yes

No

22. What elements of care coordination/disease management are parts of your clinic's care delivery?

Check all that apply.

- Collaborate and assist patients in personal goals for their improved health (self-management and goal setting)
- Patients receive paper or electronic copy of their Care Plan specific to their chronic disease
- The clinic electronically generates lists of patients needing care and contacts these patients
- The clinic has some system for the team to do pre-visit planning or huddles
- The clinic does additional coordination of care for complex, high use patients (referrals, labs, tests)
- System in place to follow-up pro-actively with patients having recent ER visit and/or hospitalization
- Other (please specify)



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EHR/EMR Use

23. Have you changed your EMR since October 2014?

- Yes
- No

24. If yes, what kind of EMR did you change to?

25. Have you updated the version of your EMR in the last year?

- Yes
- No

26. For each EHR system function listed below, please check whether it is available in your practice's EHR system.

	Available	Unavailable	Unknown
Chronic Disease Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Decision Support System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to document patient referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to document patient reminder or follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pull custom reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to provide electronic data exchange (HL7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. For each EHR system function that is available in your practice's EHR, please check whether it has been used by your staff.

	Used	Unused	Unknown
Chronic Disease Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Decision Support System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to document patient referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to document patient reminder or follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pull custom reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to provide electronic data exchange (HL7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Do you have an EHR technical lead or professional IT support person on staff?

- Yes
- No

29. If yes, please enter their contact information below.

Name

Title

Email Address

Phone Number



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Depression Screening

30. Does your practice use a standardized depression screening tool (such as PHQ-2, PHQ-9)?

- Yes
 No

31. If yes, which standardized depression screening tool(s) do you use for *adolescents (12-17 years)*?
Check all that apply.

- Patient Health Questionnaire for Adolescents (PHQ-A)
 Beck Depression Inventory-Primary Care Version (BDI-PC)
 Mood Feeling Questionnaire (MFQ)
 Center for Epidemiologic Studies Depression Scale (CES-D)
 PRIME MD-PHQ-2
 Other (please specify)

32. If yes to question 30, which standardized depression screening tool(s) do you use for adults (18 years and older)?

- Patient Health Questionnaire (PHQ-9)
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Duke Anxiety-Depression Scale (DADS)
- Geriatric Depression Scale (GDS)
- Cornell Scale Screening
- PRIME MD-PHQ-2
- Other (please specify)

33. The CSI partners with the Montana Department of Public Health and Human Services (DPHHS) in regard to collecting and analyzing quality metric data from PCMHs. Are you interested in receiving information from the DPHHS about potential opportunities to support quality improvement initiatives in your office (e.g. technical assistance, funding opportunities related to quality improvement and health information technology)?

- Yes
- No

34. Please enter any questions or comments for CSI regarding the Montana PCMH Program here.