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## Montana PCMH Program Comprehensive Application

The Montana Patient-Centered Medical Home Law requires qualified and provisionally qualified medical homes to submit a report to Montana Office of the Commissioner of Securities and Insurance (CSI) in March 2015. CSI needs to collect data from practices now, to set a baseline for data in advance of the March 2015 report.

CSI wants to help practices meet their PCMH goals. This application will enable us to help practices identify their PCMH focus, strengths, and weaknesses. Practices who better understand how they are functioning in their PCMH journey can take the necessary steps to improve efficiency and enhance their bottom line. CSI also needs to know PCMHs' current situation technologically and culturally as we explore possibilities for supporting practice transformation through the Montana Department of Public Health and Human Services and potential grant funding from other sources.

If your practice is not already provisionally qualified or qualified in the Montana PCMH Program and would like to be, you must complete and submit the preliminary application prior to this comprehensive application. Your practice must specifically state what PCMH accreditation you have or are pursuing. You can contact Amanda Roccabruna Eby for the preliminary application at 406-444-4328 or [aeby@mt.gov](mailto:aeby@mt.gov).

Name of Practice:

Name of Parent Site (if applicable):

First Name:

Last Name:

Title:

E-mail:

Phone Number:

Practice site street name:

Zip Code:

City:

State:

General Practice Information

1. Is the practice a Medicaid Passport to Health Provider?

Yes

No

2. Is the practice participating in a CMS Demonstration Project for Medicare?

Yes

No

3. Practice site ownership (check all that apply)

Individual provider

Group practice

Hospital or health system

Federal, state, local government

Independent non-profit (not hospital)

FQHC/Community Health Center

Other

4. Practice type (check all that apply)

Solo (one provider)

Single site, single specialty

Multi-site, single specialty

Single site, multi-specialty

Multi-site, multi-specialty

Residency, academic

Community health center

5. Primary care specialties (check all that apply)

Family medicine

General practice

Internal medicine

Obstetrics/Gynecology

Pediatrics

Other

6. How many years has the practice been in operation?

0 - 5

6 - 10

11 - 15

16 - 20

more than 20

7. How many unique patients were seen by primary care providers in your practice between January and December of 2013? (estimate if necessary)

Practice Site Team Members

8. Does your practice integrate the following staff into your care model? Please indicate how many hours per week your practice utilizes the following roles. (For example, 80 hours per week would equal 2 full time Care Coordinators.)

a. Primary Care Physician

b. Primary Care Physician Assistant

c. Primary Care Nurse Practitioner

d. Integrated Primary Care Related Behavioral Health Services

e. Care Coordinators/Managers or Patient Navigator

f. Certified Diabetes Educator

g. Administrative Staff

h. Medical Assistant

i. Nurse (RN, LPN, etc.,)

j. Dietitian

k. Clinical Pharmacist

l. Community Health Worker

n. Certified Asthma Educator

o. Certified Lactation Consultant

p. Other

q. Other

Payment Information

9. 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?

Yes

No

9b. Which insurer(s) are you receiving the payments from?

Blue Cross Blue Shield of Montana

PacificSource Health Plans

Montana Health Co-op

Humana

Assurant/Time

New West Health Plans

Allegiance

Medicaid

Other

9c. Are any of these payer programs labeled "Medical Home" or "Patient-Centered Medical Home?"

Yes

No

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?

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

11. Rate below, your organizational leadership's level of commitment to PCMH development. (1 being the lowest level of commitment and 5 being the highest)

	1	2	3	4	5
Dedicated resources					
Protected time					
Training programs					
Commitment statements					

Current PCMH Status: Transformation, Progress, and Measurement

12. Please select below, your current PCMH practice transformation focus points (check all that apply):

- Preventive health care services
- Chronic disease management
- Care management services
- 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

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

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

Yes

No

14b. Are you using one of the following methods/strategies?

Lean management principles

Six Sigma

Plan-Do-Study-Act (PDSA) cycles

Institute for Health Improvement's (IHI) model for improvement

Consulting firm such as TransformMed

Other

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

Yes

No

If yes, please provide the following information on the staff person:

Name:

Title:

E-mail:

Number of hours spent on QI per week:

16. Does your practice involve patients in the PCMH transformation process?

Yes

No

16b. Does your practice utilize the following?

Patient advisory council

Patient surveys

Other

17. Has your practice enhanced access to care/improved health for patients?

Yes

No

17b. Please select the ways in which your practice has enhanced access to care and/or patient self-management. Check all that apply.

Electronic communication

Expanded office hours

Same day appointments

Clinical advice system available when office is not open

Patient portal

Other

18. What chronic disease measures are you currently tracking for your PCMH recognition?

Blood pressure control in adults 18-85 with diagnosed hypertension.

Poor A1C control in adults with diagnosed diabetes.

Other

19. What preventive measures are you currently tracking for your PCMH recognition?

Identification of tobacco use and counseling for cessation in adults 18 years and older.

Age-appropriate immunization for children who were aged 3 years during the reporting period.

Other

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

Yes

No

20b. What elements of care coordination/disease management are parts of your care delivery?

Collaborate and assist patients in personal goals for their improved health (self-management goal setting)

Patients receive paper or electronic copy of their Care Plan specific to their chronic disease

Your clinic electronically generates lists of patients needing care and contacts these patients

Your clinic has some system for the team to do pre-visit planning or huddles

Your 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

21. Does your practice currently have an electronic health record (EHR) system (other than for billing)?

Yes, an EHR system is installed and available to all providers in the practice.

Yes, the EHR is currently installed but only available to some providers in the practice.

No, but we plan to implement an EHR system within the next 12 months.

No, and we do not plan to implement an EHR system within the next 12 months.

22. What is the name of the EHR system (or vendor) your practice currently uses?

Allscripts

Amazing Charts

Cerner Powerchart

CPRS

Chart Logic

Dairyland

Digichart

Docsite

eClinical Works

eHealthcare Systems

E-MD's

eMeds: MedNet

EPIC

GE Centricity

HealthCare Systems

HMS

Inservio-Medical Office Sol

Integreat IC-Chart

Lavender & Wyatt

MediNotes

Medicat

Meditech

Meditech/Health Partner

NextGen

Practice Partner

PrognoCis

RPMS HR

Soapware

techtme

Vista

Other



23. What version of your EHR system is your practice currently using?

24. When did your practice initiate use of the current EHR system?

- Less than 6 months ago
- 6 months to less than 1 year ago
- 1 to 3 years ago
- 3 to 5 years ago
- More than 5 years ago
- Other

25. For each EHR system function listed below, please check whether it is available in your practice's EHR system AND whether if it has been used by your staff.

Chronic disease registry	Clinical Decision Support System	Patient Portal
Available	Available	Available
Unavailable	Unavailable	Unavailable
Used	Used	Used
Unused	Unused	Unused
Unknown	Unknown	Unknown

Ability to document patient referral	Ability to document patient reminder or follow-up
Available	Available
Unavailable	Unavailable
Used	Used
Unused	Unused
Unknown	Unknown

Ability to pull custom reports	Ability to provide electronic data exchange (HL7)
Available	Available
Unavailable	Unavailable
Used	Used
Unused	Unused
Unknown	Unknown

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

- Yes
- No

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

Yes

No

28. If yes, please describe.

28. Is your practice able to electronically report on the percentage of patients over age 12 who are screened for depression using this standardized tool?

Yes

No

29. For those who screen positive for depression, is your practice able to report on the percentage of patients who have a follow-up plan documented on the date of the positive screen?

Yes

No

30. Questions or comments for CSI?

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### **Resources to Support Quality Improvement**

1. The CSI partners with the Montana Department of Public Health and Human Services (DPHHS) in regard to collecting and analyzing quality measures (questions 18 & 19). 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)?

Yes

No

2. If yes, please specify which of these are of interest to your practice.

NQF 0018 -- The Cardiovascular Health Program can provide assistance on collecting complete and quality data for NQF 0018 and support quality improvement initiatives for hypertension.

NQF 0059 -- The Montana Diabetes Program can provide assistance on collecting complete and quality data for NQF 0059 and support quality improvement initiatives for A1c control.

NQF 0027 -- The Montana Tobacco Quit Line provides free cessation services to all Montanans. A fax referral system is in place for providers. The Montana Tobacco Use Prevention Program can provide education and assistance for both resources.

NQF 0038 -- The Montana Immunization Program can provide assistance on collecting complete and quality immunization data for quality assurance purposes.

From 2014 to 2018, the Cardiovascular Health Program and Diabetes Program will offer two annual funding opportunities involving: 1) collection of NQF 0018 and 0059, 2) blood pressure and diabetes control quality improvement, 3) team-based care, 4) promoting self-measured blood pressure monitoring, and/or 5) addressing undiagnosed hypertension.

Other

If yes, please provide the contact information below:

Name:

E-mail

Phone number: