Montana PCMH Program 2016 Annual PCMH Progress Update

2016 PCMH Progress Update - **DUE November 14, 2016**

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 Monday, November 14th.**

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?

	MM	DD	YYYY
Date		/	/

4. How many unique patients were seen by primary care providers in your practice between January and December of 2015?

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	
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	

6. Which of the following staff are you hoping to add to your practice next year?

	Included in the care team
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	

7. What are your barriers to adding staff to your care team?

- [ ] Workforce availability
- [ ] Financial barriers
- [ ] Physical space
- [ ] Administrative support

Other (please specify)

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Clinic Care Team Roles

8. 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	

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? (This question refers only to payor programs labeled “Medical Home” or “Patient-Centered Medical Home.”)

- ◯ Yes
- ◯ No

10. If yes, which payor(s) are you receiving enhanced reimbursement from?

- ☐ Blue Cross Blue Shield of Montana
- ☐ PacificSource Health Plans
- ☐ Medicaid
- ☐ Allegiance
- ☐ Humana
- ☐ New West Health Plans
- ☐ Other (please specify)

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

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

12. 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)

13. 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)

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

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

- ◯ Yes
- ◯ No

16. 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)

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

- ◯ Yes
- ◯ No

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

Name	
Title	
Email Address	
Phone Number	

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

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

- [ ] Patient advisory council
- [ ] Patient surveys
- [ ] Other (please specify)

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

- ◯ Yes
- ◯ No

22. 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)

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

- ◯ Yes
- ◯ No

24. 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

25. Have you changed your EMR since October 2015?

- ◯ Yes
- ◯ No

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

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

- ◯ Yes
- ◯ No

28. 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			
Clinical Decision Support System			
Patient Portal			
Ability to document patient referral			
Ability to document patient reminder or follow-up			
Ability to pull custom reports			
Ability to provide electronic data exchange (HL7)			

29. 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			
Clinical Decision Support System			
Patient Portal			
Ability to document patient referral			
Ability to document patient reminder or follow-up			
Ability to pull custom reports			
Ability to provide electronic data exchange (HL7)			

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

- ◯ Yes
- ◯ No

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

Name	
Title	
Email Address	
Phone Number	

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Depression Screening

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

- ◯ Yes
- ◯ No

33. 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)

34. 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)

35. 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

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