Practice Reporting

Practice ID: T1MD0000

Time Period: 2020-Q3

Print Date: 08/05/2020 11:41 AM

Function 1

Empanelment

Do you <u>primarily</u> empanel beneficiaries by practitioner (i.e., each MD, DO, PA, or NP) or by care team (i.e., practitioner-led teams)?

Practitioner

Care Team

What is your active beneficiary lookback period?

Less than one year

1-2 years

More than two years

Empanelment Status	As of close of Quarter 1	As of close of Quarter 3
Number of panels at your practice		95
Total number of beneficiaries empaneled with a practitioner or care team at your practice		625
Total number of beneficiaries at your practice		825
% of beneficiaries empaneled		75.76 %

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

Who in your partner CTO provided assistance? (Select all that apply)

CTO Practitioner (i.e., MD, DO, NP, PA)

CTO Clinical Staff (i.e., RN, LPN)

CTO Care Manager (i.e., LCSW)

Other, please specify

[   ]

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

HealthNet

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

HIT

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

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24/7 Access

Does a clinician or care team member **from your practice site** usually provide 24/7 coverage?

No, we do not provide 24/7 coverage

Yes

No, we have a centralized call-center for our health system (after-hours coverage for all practices in the system)

No, we have a formal coverage arrangement with another practice/organization

Is 24/7 coverage provided **with real-time access** to your practice's EHR?

Yes

No

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

Who in your partner CTO provided assistance? (Select all that apply)

CTO Practitioner (i.e., MD, DO, NP, PA)

CTO Clinical Staff (i.e., RN, LPN)

CTO Care Manager (i.e., LCSW)

Other, please specify

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Continuity of Care

Do you track continuity of care (in terms of how often beneficiaries see the practitioner or care team to which they are empaneled) for your beneficiaries?

Yes

What system(s) do you primarily use to track continuity of care? (Select all that apply)

EHR

Electronic practice management systems (e.g., appointment scheduling system)

Other, please specify

No

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

      Yes

      No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

      Yes

      No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

      Yes

      No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Enhanced Access and Communication

When beneficiaries need it, my practice is able to provide...

Services	Never	Rarely	Sometimes	Often	Always
... same or next-day appointments					
... office visits on the weekend, evening, or early morning					
... telephone advice on clinical issues **during office hours**					
... telephone advice on clinical issues **on weekends and/or after regular office hours**					
... secure/encrypted email or portal advice on clinical issues					

In which of the following ways did your practice provide alternative approaches to care other than traditional office-based visits? (Select all that apply)

We did not provide alternative approaches to care

Alternative Approaches to Care	Which beneficiaries receive the alternative care approaches noted below?
Visits in alternative locations (e.g., nursing facilities, hospitals, senior centers)	Available to all beneficiaries Targeting high risk beneficiaries only Other, please specify
Home-based care (e.g., primary care home visits)	Available to all beneficiaries Targeting high risk beneficiaries only Other, please specify
Medical group visits (e.g., shared medical appointments)	Available to all beneficiaries Targeting high risk beneficiaries only Other, please specify
Medical visit via video-based conferencing (e.g., via patient portal or other secure platform)	Available to all beneficiaries Targeting high risk beneficiaries only Other, please specify
Other, please specify	Available to all beneficiaries Targeting high risk beneficiaries only Other, please specify

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

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Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

> Yes

> No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

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Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

> Yes

> No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

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Function 2

Risk Stratification

Do you risk stratify your empaneled beneficiaries?

> Yes

> No

What type of risk stratification does your practice use for empaneled beneficiaries?

> Data-driven algorithm only

> Intuition only

> Two-step

> Other, please specify

What factors are included in your **data-driven algorithm** for risk stratifying your beneficiaries? (Select all that apply)

> We do not use a data-driven algorithm as part of our risk stratification

> Claims variables

> Clinical variables from the EHR

> Computed risk scores (e.g., CMS-HCC scores or risk scores from other payers)

Pre-AH Tool (Likelihood for Avoidable Hospital Events report)

Other, please specify [   ]

What factors do you consider when using **care team/clinical intuition** to stratify your beneficiaries? Do not include factors included in your data-driven algorithm. (Select all that apply)

We do not use the care team's perception as part of our risk stratification

Health-Related Social needs

Behavioral health needs

Clinical factors

Other, please specify [   ]

What prompts reassessment of a beneficiary's risk stratification assignment? (Select all that apply)

We do not reassess the risk stratification of our beneficiaries

Only as needed, or we do not have a protocol in place

Pre-specified clinical events (e.g., new diagnosis, hospitalization)

Automatically updated when new information is in the health IT or EHR platform

Schedule-driven protocol

At each beneficiary visit

Multiple times a year

Annually

Other, please specify [   ]

Other, please specify [   ]

Is risk stratification integrated within your EHR or health IT system?

Yes

No

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Identifying Beneficiaries for Care Management

In the table below, please tell us how your beneficiary population is risk stratified and targeted for care management, whether longitudinal or episodic. Report your beneficiary counts based on a convenient day or moment, as close as possible to the last day of the past quarter.

Level of Risk (highest risk at the top)	Total number of beneficiaries in this tier	Number of beneficiaries in this tier under care management	% of total empaneled beneficiaries in this risk tier	% of beneficiaries in this risk tier under care management
Episodic	232	200	37.12 %	86.21 %
Not assigned	393	390	62.88 %	99.24 %
Total empaneled beneficiaries	625	590	100.00 %	94.40 %

% of Beneficiaries	As of the close of Q1	As of the close of Q3
% of beneficiaries under care management out of total empaneled		94.40 %
% of beneficiaries risk stratified out of total empaneled		37.12 %

Indicate how you identify beneficiaries for episodic/short-term, goal-directed care management (for those **not in longitudinal care management**). (Select all that apply)

We do not identify beneficiaries for episodic care management

Practitioner or care team referral

Hospital admission or discharge

ED visit

Skilled Nursing Facility (SNF) admission or discharge

New health condition (e.g., cancer diagnosis, accident, chronic condition)

New clinical instability in a chronic condition, including change in medications

Life event (e.g., death of spouse, financial loss)

Initiation or stabilization on a high risk medication (e.g., anticoagulants)

Other, please specify

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Care Management Staffing

Please indicate the staff at your practice who support MDPCP, not including providers listed on your practice's Practitioner Roster.

Title/Position	Approximate FTEs Supporting MDPCP
Behavioral Health/Social Worker	10.5
Care Manager/Care Coordinator	15
Consultant	3
Dietitian/Nutritionist	7
Health Educator	3
Laboratory/Radiology Technician	15
Licensed Practical Nurse (LPN)	23
Medical Assistant	5
Pharmacist/Pharmacy Technician	0
Physical/Respiratory Therapist	10
Practice Supervisor/Practice Manager	3
Quality Improvement Specialist	2
Receptionist/Appointing	4
Registered Nurse (RN)	15
Other Health Staff, please specify — Nurse Practitioner	2
Total	117.5

Does your practice have a designated lead care manager either employed by you or your CTO for MDPCP?

Yes

Please indicate the lead care manager's title/position.

Registered Nurse (RN)

No

What type of clinician and staff at your practice is/are **primarily responsible** for each of the following care management and coordination activities? (**Select all the activities**

that apply in your practice)

Activities	None	Practitioner (i.e., MD, DO, NP, PA)	Clinical Staff (e.g., RN, LPN)	Care Manager (e.g., LCSW)	Other, please specify
Developing and monitoring care plans					Other, please specify
Assessing and reassessing beneficiary risk status					Other, please specify
Providing beneficiary education and self-management support					Other, please specify
Routine medication reconciliation at scheduled visits					Other, please specify
Medication reconciliation during transitions of care (hospital, ED discharges)					Other, please specify
Management of care transitions (hospital, ED discharges)					Other, please specify
Coordinating and communicating with specialty care					Other, please specify
Navigating beneficiaries to community and social services					Other, please specify

How do you identify beneficiaries for self-management support? (Select all that apply)

  We do not systematically identify beneficiaries for self-management support

  All beneficiaries with targeted condition

  General risk status (using the practice's risk stratification methodology)

Poorly controlled disease

Data from a formal self-management assessment tool

Beneficiary expression of interest

Clinician referral/identification

Other, please specify

Which of the following self-management support activities does your practice use? (Select all that apply)

We encourage beneficiaries to choose goals that are meaningful to them

We include family/caregivers in goal-setting and care plan development

We connect or provide beneficiaries and caregivers with formal self-management support services at our practice or in the community

We measure beneficiaries' skills and progress (e.g., How's Your Health, Patient Activation Measure [PAM])

Staff are trained in self-management support techniques (e.g., motivational interviewing, 5 As)

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Care Plans

Among beneficiaries under longitudinal care management, how many have a care plan?

None (0%)

Some (Up to 50%)

Most (50-95%)

All (95-100%)

Do you document and store care plans?

No

Yes, care plans are **integrated** with the EHR or other health IT

Yes, care plans are documented and stored, but are **not integrated** with the EHR or other health IT

Who has real-time/point-of-care access to a beneficiary's care plan? (Select all that apply)

Members of the care team within the practice

Clinicians outside of the practice (i.e., other specialists who care for the beneficiary)

Community and/or social service agencies and practitioners

Beneficiary and his/her caregiver(s)

Other, please specify [ ]

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)
[ ]

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Beneficiary Follow Up - Hospital and Emergency Department

Does your practice track your beneficiaries' emergency department (ED) discharges?

Yes

In the table below, provide the counts of your beneficiaries discharged from the ED in the most recent 2 quarters for which data are available and those who received follow-up contact within one week after visiting the ED

Number of beneficiary discharges from EDs	Number of beneficiary discharges from EDs with follow-up within one week	% of discharges with follow-up within one week
225	225	100.00 %

No

Does your practice track your beneficiaries' hospital discharges?

Yes

In the table below, provide the counts of your beneficiaries discharged from the hospital in the most recent 2 quarters for which data are available and those who received follow-up contact within two business days after hospital discharge

Number of beneficiary discharges from hospitals	Number of beneficiary discharges followed by contact within 72 hours or 2 business days	% of discharges with follow-up within 72 hours or 2 business days
179	179	100.00 %

No

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

_____

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

_____

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

_____

Comprehensive Medication Management

Which of the following steps has your practice achieved to implement comprehensive medication management (CMM)? (Select all that apply)

We have not taken any of these steps yet

Established a plan for identifying beneficiaries with CMM needs

Identified and/or hired personnel for CMM

Trained staff as necessary

Developed workflows and processes

In the last two quarters, has your practice provided comprehensive medication management to beneficiaries?

No, we are not implementing comprehensive medication management

No, we are in the process of developing a plan for comprehensive medication management

No, we have established a plan for comprehensive medication management, but have not yet implemented it

Yes, we provided comprehensive medication management support

Who primarily provides comprehensive medication management for your beneficiaries?

Pharmacist

Primary care practitioners at our practice (MD/DO, NP/PA)

Care Manager

Other, please specify

[   ]

How does your practice deliver comprehensive medication management?

Coordination with an **external** pharmacist, program, or service

Co-management with a pharmacist, program, or service **located at our practice**

Primary care practitioners from our practice primarily deliver comprehensive medication management

How do you identify beneficiaries for comprehensive medication management? (Select all that apply)

Recent discharge from the hospital

Beneficiaries who are receiving longitudinal care management

Recent visit to ED

Active medication issues (e.g., adverse reactions, adherence, not reaching intended treatment outcomes)

Potential therapy issues (e.g., high risk medications, poly-pharmacy, multi-therapy drug interactions, high cost medications)

Referred by practitioner or care team

Other, please specify

[   ]

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

[   ]

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

[   ]

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Function 3

Coordinated Referral Management with Specialists

Identify high-frequency referral and/or high-cost specialty care providers with whom you have coordinated referral management. (Select all that apply)

We do not have coordinated referral management with any of these specialists

Specialists

Allergy/Infectious disease

Cardiology

Dermatology

Emergency medicine

Endocrinology

ENT/Otolaryngology

Gastroenterology

Hospitalist care

Nephrology

Neurology

Obstetrics/Gynecology

Oncology/Hematology

Ophthalmology

Optometry

Orthopedic surgery

Pain management

Palliative care

Podiatry

Psychiatry/Psychology

Pulmonology

Radiology

Rheumatology

Surgery

Urology

Other, please specify

Describe your coordinated referral management system

Primary Care Physicians coordinate this effort.

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Identifying and Communicating with Hospitals and EDs Your Beneficiaries Use

Tell us how you coordinate and communicate about admission/discharge/transfer (ADT) information with hospitals and EDs, such as through CRISP services including Care Alerts or Encounter Notification Service (ENS)

On average, how promptly do you access ADT information about your beneficiaries seen at a hospital/ED?	Is ADT information access integrated within your EHR or HIT System?
We do not have access to ADT information from hospitals/EDs At time of event Daily Within 1 week Within 2 weeks Over 2 weeks	Yes No

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

     Yes

     No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

[ ]

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

     Yes

     No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

[ ]

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

     Yes

     No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

_____

Behavioral Health Integration

What is your practice's primary strategy for addressing behavioral health needs?

We do not address behavioral health needs at our practice

Behavioral health integration with the **Collaborative Care model** , also called **Care Management for Mental Illness** (Option 1)

Behavioral health integration with the **Primary Care Behaviorist model** (Option 2)

Which of the following steps has your practice achieved to integrate behavioral health? (Select all that apply)

We have not taken any of these steps yet

Established a plan for identifying beneficiaries with behavioral health needs

Identified and/or hired personnel

Trained staff as necessary

Developed workflows and processes

What type of practitioner(s) act as primary care behaviorist(s) at your practice? (Select all that apply)

We do not have a primary care behaviorist

Psychologist

Social worker (LCSW)

Psychiatric MD/NP/PA

Other, please specify _____

In the last two quarters, of your beneficiaries with identified behavioral health needs, estimate how many were seen by a primary care behaviorist at your practice

None (0%)

Some (Up to 50%)

Most (50-95%)

All (95-100%)

Referrals for external behavioral health specialists

Other, please specify _____

What behavioral health conditions are you targeting with your behavioral health strategy? (Select all that apply)

We do not target specific behavioral health conditions

Anxiety disorders

Alzheimer's disease and related dementias

Depressive disorders

Chronic pain

Complex/chronic disease and comorbidities (e.g., major depressive disorder, poorly controlled diabetes)

High-risk behaviors (e.g., tobacco use, obesity, medication adherence)

Insomnia

Substance use disorders

Other, please specify

What types of targeted tactics for your beneficiaries are available at your practice? (Select all that apply)

We do not use any targeted tactics for behavioral health

Screening for behavioral health conditions as standard practice

SBIRT (e.g., alcohol misuse)

Evidence-based psychotherapy (e.g., CBT, PST)

Self-management support for behavioral health conditions

Counseling for behavior change (e.g., smoking cessation, weight loss)

Other, please specify

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

[ ]

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

    Yes

    No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

[ ]

Linkages with Social Services

Do you routinely screen your beneficiaries for unmet social needs?

    We **do not screen** beneficiaries for unmet social needs

    We screen a **targeted subpopulation of beneficiaries** for unmet social needs

    We universally screen **all beneficiaries** for unmet social needs

What type of screening tool(s) do you use or adopt to capture unmet social needs in your beneficiary population? (Select all that apply)

    We do not use any screening tools

    Accountable Health Communities (AHC) tool

    Other Standardized screening tool (e.g., screening tools published by HealthLeads, IOM/NAM)

    Tool developed by practice or system

    Other, please specify   [ ]

Are screening tools or questions integrated with your EHR or health IT system?

    Yes

    No

What are the health-related social needs your practice has prioritized to address in your beneficiary population? (Select all that apply)

    We have not prioritized any social needs to address in our beneficiary population

Health-Related Social Needs	Do you have an established, ongoing relationship with social resources to address this need?
Food insecurity	Yes
	No
Housing instability	Yes
	No
Utility needs	Yes
	No
Financial resource strain	Yes
	No
Transportation	Yes
	No
Employment	Yes
	No
Social isolation	Yes
	No
Safety	Yes
	No
Other, please specify	Yes
	No

Do you have an inventory of social service resources?

Yes

No

How frequently is the inventory of social service resources your practice uses updated?

Ad hoc basis only

At least monthly

Every 2-6 months

Every 6-12 months

Less than annually

Describe any barriers to prioritizing health-related social needs. (Optional)

Patients willingness to open up and share their unique situation/circumstances.

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Function 4

Engaging Beneficiaries and Caregivers in Your Practice

Which of the following steps has your practice achieved to implement and integrate the PFAC? (Select all that apply)

We have not taken any of these steps

Identified staff participants

Recruited beneficiary participants

Defined mission and vision of PFAC

Determined structure of the PFAC (e.g., number of beneficiaries or family advisors, frequency of meetings, term lengths, and other meeting logistics)

Established meetings at an interval determined by the practice

Established improvement projects

Incorporated beneficiary and/or caregiver feedback into PFAC agendas or improvement projects

Incorporated PFAC recommendations into practice

Communicated PFAC recommendations to beneficiaries and staff

Developed a sustainability plan for the PFAC

Who typically meets with or is a part of your PFAC? (Select all that apply)

Practitioners (MD/DO, NP, PA)

Clinical staff (e.g., RN, LPN, MA, care manager)

Beneficiaries and family/caregivers

Non-clinical staff (e.g., administration, front office, IT)

Other, please specify

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

[ ]

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

[ ]

Advance Care Planning

Who at your practice is/are typically involved in advance care planning? (Select all that apply)

We do not provide advance care planning

Practitioners (MD/DO, NP, PA)

Other clinical staff (RN, LPN, MA, care manager)

Other, please specify [ ]

How does your practice identify beneficiaries for advance care planning? (Select all that apply)

We do not systematically identify beneficiaries for advance care planning

High-risk status (using the practice's two-step risk stratification methodology)

Beneficiaries with serious illness and/or based on age (e.g., cancer diagnosis, end-stage kidney disease, heart failure, COPD)

Clinician or care team referral/identification

Other, please specify [ ]

As part of advance care planning, do clinicians and staff ... (Select all that apply)

Address the beneficiary's values, goals, or care preferences at the end of life

Assist beneficiaries in understanding and completing relevant documents (e.g., advanced directives, POLST/MOLST forms, health care power of attorney)

Determine beneficiary designation of health care surrogate or proxy

Promote communication between beneficiaries and health care proxy regarding the beneficiary's values/goals/care preferences at the

end of life

Other, please specify [   ]

What system(s) do you use to document and store advance care planning conversations and decisions? (Select all that apply)

We do not document and store advance care planning conversations and decisions

EHR or other health IT

A local or regional Health Information Exchange

MyDirectives (https://mydirectives.com) or similar site/platform

Patient portal/patient health record

Other, please specify [   ]

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)
[   ]

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)
[   ]

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)
[   ]

Function 5

Team-Based Care

How often do care teams at your practice have structured huddles focused on beneficiary care?

 Never

 Only as needed or ad hoc

 At least daily

 At least weekly

 At least every 2 weeks

 At least monthly

How often do care teams at your practice have scheduled care team meetings to discuss high-risk beneficiaries and planned care?

 Never

 Only as needed or ad hoc

 At least daily

 At least weekly

 At least every 2 weeks

 At least monthly

How often do care teams at your practice meet and review quality improvement data (e.g., data on quality measures, cost, utilization, and beneficiary experience of care)?

 Never

 Only as needed or ad hoc

 At least weekly

 At least monthly

 At least quarterly

 At least annually

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

 Yes

 No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

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Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

   Yes

   No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

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Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

   Yes

   No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

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Use of Data to Plan Care

Tell us about how you use data on quality, utilization, beneficiary experience, and other measures.

Data Type	At what level is this data available?	How frequently do care teams review this data?
Electronic clinical quality measures (eCQMs)	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify
Claims data feedback from CMS	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify
Claims data feedback from other payers	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify

Data Type	At what level is this data available?	How frequently do care teams review this data?
Beneficiary experience data	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify
Patient-Reported Outcome Measures (PROMs)	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify
Multi-payer data from Health Information Exchange (HIE), all payer claims databases (APCD), or other data aggregator	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify

Data Type	At what level is this data available?	How frequently do care teams review this data?
Public health data from county or state government	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify
Internal practice or system data	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify
Other, please specify	Not available Practice level Care team or panel level Both the practice and the care team/panel level	We do not regularly review this data At least weekly At least monthly At least quarterly At least annually Other, please specify

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

      Yes

      No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

[   ]

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

      Yes

      No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

[   ]

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

      Yes

      No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

[   ]

Continuous Quality Improvement

Identify the measures on which your practice **focused its quality improvement efforts** during the past two quarters. (Select all that apply)

      We have not focused quality improvement efforts on any of the measures below

eCQMs

      Controlling High Blood Pressure (MDPCP measure)

      Diabetes: Hemoglobin HbA1c Poor Control (>9%) (MDPCP measure)

      Diabetes: Eye Exam

      Diabetes: Medical Attention for Nephropathy

      Dementia: Cognitive Assessment

      Depression Utilization of the PHQ-9 Tool

      Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Falls: Screening for Future Falls Risk

Breast Cancer Screening

Cervical Cancer Screening

Colorectal Cancer Screening

Preventive Care and Screening: Influenza Immunization

Pneumococcal Vaccination Status for Older Adults

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Closing the Referral Loop: Receipt of Specialist Report

Other, please specify

Utilization and Cost

ED

Inpatient

Specialty care

Imaging/labs

Post-acute care

Observation stays

Other, please specify

Patient Experience (as measured by CAHPS or other tool)

Getting timely appointments, care, and information

How well practitioners communicate with beneficiaries

Overall practitioner ratings

Attention to care from other practitioners

Practitioners support beneficiaries in taking care of own health

Other, please specify

Why are these measures high-priority areas? (Select all that apply)

High volume of beneficiaries

High-risk population

Poor performance or outcomes

High cost or utilization in this area

Beneficiary feedback

Payment incentive from payers

Other, please specify

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes

No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

Yes

No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Culture of Improvement at Your Practice

Over the last two quarters, who in your practice. . .

Activities	Did not occur	Clinical and administrative leadership	Designated quality improvement team	Care teams and clinical staff	Non-clinical staff	Beneficiaries/ caregivers
...primarily generated improvement ideas and opportunities?						
...implemented improvement projects or tests of change?						
...had access to practice-level results?						
...had access to results identified to the applicable practitioner or care team?						

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

  Yes

  No

If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)

Additional Practice Assistance

Did you receive assistance from a state Practice Coach?

  Yes

  No

If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)

Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

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General

General Information

MDPCP Track and CRISP Information

Would you like your practice to be considered for transition to Track 2 for PY2021? Please review the Transition Criteria .

Yes

If accepted to Track 2, select your CPCP%/FFS% for PY2021 from the options below. (Review Section 9.5(b)(iii) of the Participation Agreement and Section 6.2: Annual CPCP Election Percentages of the Payment Methodologies for guidance.)

10%/90%

25%/75%

40%/60%

65%/35%

The following CRISP Requirements need to be completed for your attributed beneficiaries, at a minimum, in order to meet requirements for Track 2 transition. Your responses may be subject to validation and audit.

Does your practice, including in partnership with your CTO	Response
Submit Care Alerts to CRISP for your attributed beneficiaries?	Yes No
Update your ENS panel and have submitted to CRISP within the last 90 days?	Yes No
Review the Pre-AH avoidable hospital events tool and follow up with your high-risk beneficiaries on a monthly basis?	Yes No

No

Beneficiary Demographics

Tell us about the demographic makeup of your beneficiary population. Please answer these questions to the best of your ability.

Percentage of beneficiaries by preferred language	%
English	89
Non-English	11
Total	100.00

Is this based on collected data or best estimate?

Collected

Best estimate

Percentage of beneficiaries by primary insurance type	%
Commercial or private	20
Medicare	43
Medicare Advantage	12
Medicaid	15
Uninsured	10
Other, please specify	
Total	100.00

Is this report based on collected data or best estimate?

Collected

Best estimate

MDPCP Program Questions

Which types of information and updates are useful for your practice? (Select all that apply) (Optional)

MDPCP monthly newsletter

MDPCP Connect (social media platform)

PMO and Practice Coaches

MDPCP Help Desk (MarylandModel@cms.hhs.gov)

Learning sessions, Action or Affinity Groups, and webinars

Other, please specify

Please provide your feedback on the above items

The information that we gather from the above selected items have allowed our practice to know what changes maybe forthcoming and better prepare for changes within CMS.

How would you rate the level of effort required to complete this quarter's reporting?

Low level of effort

Appropriate level of effort

High level of effort

Reporting Point of Contact

Are you the primary contact for Practice Reporting for this Quarter?

Yes

No

Practice Reporting Primary Contact

First Name

YAJAIRA

Last Name

FERRY

Title/Position

PA

Email

YAJAIRA.FERRY@anonymous.net

Telephone Number

(919) 121-9602

Ext. (Optional)

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

EIDM User Name

CPC PlusII

Position with MDPCP Practice Site

PA

System Generated Date

08/05/2020 11:41:25 AM