



STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP)

Final PCMH Application for Cohort 1

A Final Application must be completed online for each clinic site (individual) **by Friday, November 6, 2015**, to be considered for SHIP participation. If you encounter content or technical issues, please contact the Office of Healthcare Policy Initiatives at OHPI@dhw.idaho.gov or call 208-334-0600.

Introduction: The Idaho SHIP seeks to transform the healthcare system through use of a state developed model test design based on the patient centered medical home. Continuing the healthcare reform process Idaho initiated in 2007, the Idaho Healthcare Coalition (IHC) was created by executive order 2014-02 to lead this process and guide Idaho's SHIP. As part of the grant, Idaho has the ability to support practice transformation with a variety of resources and tools (e.g. technical assistance, data analytics tool, incentive payments). Idaho's transformation plan is based on our experience and success with the patient centered medical home model.

Clinics interested in becoming part of the SHIP project were encouraged to submit an interest application in September 2015; those interested clinics are now being offered the final PCMH application which will be used to evaluate and determine the first wave (cohort) of clinics selected. As guided by the IHC, selection criteria is based on key transformation standards and elements thought to increase the chance of successful PCMH creation and potential recognition. These criteria in no specific order include: physician champions, geographic location, electronic health records & connectivity, previous PMCH experience, rural vs. urban delivery area, and behavioral health integration efforts. The criteria selected have been based on previous experience with PCMH and our desire to select clinics able to make the transformation successfully while helping prepare those other clinics prepare for participation in cohort 2 and 3.

Previous experience with clinic recruitment has also taught us to collect selection criteria items as well as readiness assessment information during the application process. This permits readiness information to be shared with the SHIP PCMH technical assistance contractor after final cohort selection, allowing them to enter into work with cohort 1, better informed of the current structure. Selection criteria question text will appear in **BOLD**, while readiness assessment questions will remain in plain text format. Questions contained within this application are logic driven; meaning that depending on how questions are answered, additional questions will appear seeking further details. Please respond to all questions honestly and as accurately as possible; answers provided to readiness assessment questions will not be viewed or considered by the Department evaluation team.

Finally, SHIP is a multi-year plan for Idaho that will include a second and third wave (cohort) of clinic selection. If not selected for the first wave, feedback will be provided to help your clinic(s) prepare to apply for the second round inclusions in the fall of 2016. The number of clinics selected is directly tied to grant resources, funding and current change capacity. Final notification of clinic selection is anticipated to occur during the month of December 2015; additional instruction and next steps will be provided at time of notification.

Additional information on SHIP including a FAQ page can be found on our website at: www.SHIP.idaho.gov.

1. CLINIC PROFILE

Rationale:

Your clinic contract information, make-up and descriptive characteristics will assist in follow-up efforts and does include several selection criteria (**BOLD** items)

Clinic Name:		Phone:	
Street Address:		Fax:	
City:	County:	State: ID	Zip:
Tax ID #		Website:	
		Organization NPI #	

1. Clinic contact person for questions regarding this application:

Name:
Phone:
Email:

2. **Corporate Ownership or Healthcare System Name (if applicable):**

3. **A. Organization Type:**

- Private Practice
- CHC
- RHC
- Hospital Owned Clinic
- Other: _____

B. Predominant Specialty

- Family Medicine
- Internal Medicine
- Pediatrics
- Multi-Specialty
- Other: _____

4. What are your clinic hours?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

5. Patient Access to Care

- a. Does your clinic provide same day appointments for routine care? [Y/N]
- b. Does your clinic provide same day appointments for urgent care? [Y/N]
- d. Does your clinic provide routine/urgent care visits equal to or greater than 46 hours per week? [Y/N]
- e. Do you offer Telehealth services to communicate remotely with patients? [Y/N]
- f. Do you have a patient portal? [Y/N]
 - i. Does the patient portal offer secure two way communications? [Y/N]
 - ii. Does the patient portal have the ability to request an appointment? [Y/N]
 - iii. Does the patient portal have the ability to review visit summaries? [Y/N]
 - iv. Does the patient portal have the ability to view lab results? [Y/N]
 - v. Does the patient portal have the ability to request refills on prescriptions? [Y/N]
 - vi. Does the patient portal have the ability to message the clinic? [Y/N]

vii. How long does it take your clinic to return clinical advice through the patient portal? _____ hours

6. Clinic payer distribution:

- a. Commercial or private insurance _____ %
- b. Medicare _____ %
- c. Medicaid _____ %
- d. Uninsured/self-pay _____ %

7. Please complete the Clinic Staff List:

A. Physicians

- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time

B. Physician Assistants, Nurse Practitioners

- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time

C. Clinic Staff (i.e. other professional licensed staff)

- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time
- Name: _____ Credentials: Full-time Part-time

D. Administrative and Support Staff

- Name: _____ Role: Full-time Part-time
- Name: _____ Role: Full-time Part-time
- Name: _____ Role: Full-time Part-time

Total Administrative and Support Staff FTE: _____

8. Please indicate number of providers by type and specialty:

a. Provider Type (FTE):

- ____ Physicians
- ____ Nurse Practitioners
- ____ Physician Assistants
- ____ Other Providers (which provide billable services)

b. Provider Specialty (FTE):

- ____ Family Medicine
- ____ Internal Medicine
- ____ General Pediatrics
- ____ OB/GYN
- ____ Other Clinic Staff
- ____ Psychology
- ____ Social Work
- ____ Diet/ Nutrition
- ____ Psychiatry

9. Average patient panel size:

- a. Per primary care provider: _____
- b. Number of patient visits per year for all providers: _____
- c. Number of patients who made at least one visit to the clinic last year: _____

2. TRANSFORMATION PLAN, HISTORY AND EXPERIENCE

Rationale: Through various pilot projects, we have learned engaged leadership and an effective transformation team are critical to the success of implementing and sustaining the PCMH model.

10. Please list your current or proposed Transformation Team members below:

Physician Champion:	Name:	Title:	Role in Transformation:	Email:
Clinic Administration, if applicable (CEO, CFO, etc.):	Name:	Title:	Role in Transformation:	Email:
Office Manager:	Name:	Title:	Role in Transformation:	Email:
Other Key Leaders:	Name:	Title:	Role in Transformation:	Email:
	Name:	Title:	Role in Transformation:	Email:

11. Has your clinic ever participated in any of the following?

- Safety Net Medical Home Initiative [Y/N]
- IMHC Pilot [Y/N]
- Other PCMH Programs (CHIC, etc.). [Y/N]
- If other, please list:

12. Has your clinic achieved national PCMH recognition or accreditation? *Recognition is encouraged, but not required to apply or to participate in the SHIP.* [Y/N]

- Please indicate, the organization(s) the national PCMH recognition or accreditation was received from, and level of recognition (if from NCQA). *Recognition is encouraged, but not required to apply or to participate in the SHIP.*

<input type="checkbox"/> AAAHC	Date Accredited:	
<input type="checkbox"/> Joint Commission	Date Accredited:	
<input type="checkbox"/> NCQA	Date Recognized:	Level of Recognition:
<input type="checkbox"/> URAC	Date Certified:	
- Are you currently in the process of applying for recognition or accreditation with AAAHC, The Joint Commission, NCQA, or URAC? [Y/N]
- Please provide information on the current status of your application process for national recognition or accreditation, with which organization you are applying, and to what level, if applicable, you are attesting to? [Textbox]

3. HEALTH INFORMATION TECHNOLOGY (HIT) CAPABILITIES

Rationale: We understand that every clinic in Idaho has a different level of experience and may use one of several platforms (i.e. EHR). Access to data, in a timely and consistent manner is essential for effective practice transformation. Additionally, federal grant reporting requirements necessitate practice connectivity to the Idaho Health Data Exchange (IHDE) and a yet to be determined data analytics vendor. Many of the questions included in this section are readiness related and will assist the IHDE once the first wave selection has been completed. Only questions appearing in **BOLD** will be considered as selection criteria.

13. **Does your clinic have an electronic health record?** [Y/N]
- a. What brand of EHR are you using (*select from list – Values from interest application*)
 - b. How long has the clinic been using its current EHR system? _____ months
 - c. Do you have any EHR conversions planned for the next 18 months? [Y/N]
 - i. Please describe the product and timeline for the transition. [Text Box]
 - d. What version of the EHR is currently deployed to production (this can often be located on the splash screen of the program when launched EXAMPLE BELOW)?



- e. Is your current EHR system/version certified for participation in the CMS EHR incentive program? [Y/N]
 - i. What is the highest level of attainment by an eligible provider in the CMS EHR incentive program?
 1. Adopt/Implement/Upgrade
 2. Stage 1, Year 1
 3. Stage 1, Year 2
 4. Stage 2, Year 1
 5. Stage 2, Year 2
- f. **Does your EHR support Health Information Exchange (HIE) connectivity?** (This functionality may need to be activated by your vendor, not all EHR products even support this. You may need to contact your EHR vendor for assistance in answering this question) [Y/N]
- g. Do you have access to vendor product support? [Y/N]
 - i. Do you have access to helpdesk support when you have questions about your EHR? [Y/N]
 - ii. Do you feel your support needs are addressed with your current resources? [Y/N]
 1. Please describe your unmet needs further. [Textbox]
- h. Does your EHR have disease registry capability for population health management? [Y/N]
 - i. Is the disease registry a component of your EHR? [Y/N]
 - ii. Is the disease registry managed in a separate software (i.e. standalone)? [Y/N]
 - i. What diseases are you tracking [textbox]
- j. Is your EHR connected to the Idaho Health Data Exchange (IHDE)? [Y/N]

- i. How long have you been connected? Month
- ii. Is the clinic currently using the portal to access patient data and information? [Y/N]
- iii. Is the connection bi-directional (sending and receiving information) [Y/N]
- k. Please identify your clinic lead for the EHR [Name Textbox], [Email Textbox], [Phone textbox]

4. PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION

Rationale: Idaho is a 100% designated shortage area for mental health professional services. As clinics transform to PCMH practices support the client, integration and access to behavioral health care will be essential elements to achieving patient wellness. Part of the SHIP plan includes goals and metrics related to increasing patient wellness and this will be support in part by behavioral health integration efforts with PMCH clinics.

10. **Please indicate the level of primary care/behavioral health integration occurring in your office? (check boxes)**
- Co-located on primary care site and owned by same organization
 - Co-located on primary care site, separate organizations
 - Integrated approach – Agreement and referral process between primary care and behavioral health organization
 - Referral to outside behavioral health provider
 - Very limited integration currently occurring
11. **Please indicate behavioral health screening(s) occurring in primary care office? (check boxes)**
- PHQ 2 and/or PHQ 9 assessment
 - GAIN Substance Abuse assessment
 - Other (please indicate): [TextBox]
12. **Please indicate frequency or process of conducting Behavioral Health assessment: (check boxes)**
- All patients receive behavioral health screening during wellness visits
 - Behavioral Health screenings currently not occurring as component of wellness visits
 - Current behavioral health screening not occurring
13. **Please describe how your practice interfaces with behavioral health services and providers in your community. It can include efforts to meet patients' needs not previously captured. [TEXTBOX]**

5. TEAM BASED CARE

Rationale: The goal of care coordination is a foundational transformation principle; primary care practices are a critical hub in this process of linking patients to community resources, labs, specialist and hospitals. Understanding the level of care coordination experience currently taking place will assist the PCMH contractor in offering appropriate technical assistance in this area.

14. A team of care providers who are wholly accountable for a patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. Please indicate the level of team based care occurring in your clinic by checking all activities performed: [check boxes]
 - a. Patient care team meetings are regularly held; and/or a structured communication process is in place that focuses on individual patient care.
 - b. Roles for clinical and nonclinical team members have been identified.
 - c. Team structure has been identified, as well as the staff that lead and sustain team based care.
 - d. Standing orders for services are utilized.
 - e. Train and assign members of the care team to coordinate care for individual patients.
 - f. Train and assign members of the care team to manage patient populations.
 - g. Team meetings are held to address clinic functioning.
 - h. Care team staff is involved in the clinic's performance evaluation and quality improvement activities.

15. Please demonstrate if the clinic coordinates care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services and supports by checking all applicable activities:
 - a. Care coordination activities are performed by: [check boxes]
 - i. Physician
 - ii. Nurse Practitioner or Physician's Assistant
 - iii. RN only
 - iv. Social Worker
 - v. Other clinical staff
 - vi. Other office staff
 - vii. Community Health Workers
 - viii. Community Health Emergency Medical Service Workers
 - b. Is there a systematic process for identifying patients who may benefit from care management? [Y/N]
 - c. Individual care plans are completed? [Y/N]
 - i. Are care plans created for all patients in the clinic? [Y/N]
 - ii. Are they completed for complex and chronic patients only? [Y/N]
 - d. Lab tests are tracked until results are available? [Y/N]
 - i. Overdue results are flagged and followed up? [Y/N]
 - e. Imaging tests are tracked until results are available? [Y/N]
 - i. Overdue results are flagged and followed up? [Y/N]
 - f. Referrals are tracked until the consultant or specialist's report is available? [Y/N]
 - i. Overdue reports are flagged and followed up? [Y/N]
 - g. Medications of patients are reviewed and reconciled? [Y/N]
 - h. Medications for patients received from care transitions are reviewed and reconciled? [Y/N]

6. POPULATION HEALTH MANAGEMENT

Rationale: Population health is one of the three pillars in achieving the triple aim in healthcare reform; learning more about current practices will assist the PCMH contractor in offering technical assistance.

16. The clinic uses complete patient information and clinical data to manage the health of its entire population. Please indicate if your clinic identifies patient populations and proactively reminds patients of: (check boxes)
 - a. Preventive care services
 - b. Immunizations
 - c. Chronic or acute care services
 - d. Patients not recently seen by the clinic
 - e. Medication monitoring or alerts

17. Does your clinic implement clinical decision support (e.g. point-of-care reminders following evidenced based guidelines for mental health or substance use disorders)? [Y/N]

7. QUALITY IMPROVEMENT (QI) ACTIVITIES

Rationale: Quality improvement is a hallmark of high performing patient centered medical homes. Learning more about current practices will assist the PCMH contractor in offering technical assistance.

18. Does the clinic use performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency and patient experience? Y/N
19. Do you have a formal quality improvement policy in place? [Y/N]
 - a. Do you have a plan to implement QI policies and procedures? [Y/N]
20. Please list clinic role of QI committee members (e.g, RN, patients, office manager)
 - i. NAME/TITLE/ROLE
21. Please indicate frequency of meetings: per .
22. Please specify the tool(s) used (e.g. Six Sigma, Lean, PDSA cycles): [textbox]
23. Please indicate what you track and measure: [checkbox]
 - a. Clinical Quality measures
 - b. Preventive care
 - c. Care Coordination
 - d. Patient Experience
 - e. Provider Experience
 - f. Overall clinic efficiencies affecting healthcare costs
(e.g., reduction readmissions, ER visits, redundant labs)

8. CLINIC VISION AND INTENTIONS

Rationale: Identified vision helps clinics understand purpose and gives meaning to their effort. This will also help the IHC understand clinic aspirations individually and collectively which can then be reconciled with the goals for the SHIP.

24. How does your clinic's strategic plan align with the SHIP goals to improve health outcomes, reduce healthcare costs and improve provider and patient experience? [textbox]
25. **Physician Champions for PCMH transformation are foundational:**
 - a. **Please tell us about your identified champion and the activities they supported/led in the past related to advancing patient outcomes (e.g. pilot projects, initiatives, quality improvement campaigns, etc.).** [textbox]
 - b. **Please tell us about your identified champion's vision for their clinic.** [textbox]

9. Completion & Submission

By electronically submitting this application, I attest the answers provided are complete and accurate to the best of my ability at the time of submission.

Further, I attest that I am the authorized representative of the business entity permitted to submit this application for consideration.

TYPE NAME

TITLE & EMAIL

Author	Date	Version	Summary
Meg Hall	09/24/2015	V0.1	Initial team draft
Casey Moyer	09/24/2015	V0.2	Tracked changes to HIT & Physician Champion section
Gina Westcott	09/28/2015	V0.3	Added PHQ 9 to list of BH assessments
Dr. Scott Dunn	10/06/2015	V0.4	Added comments per section for IMHC meeting
Kym Schreiber	10/06/15	V0.5	Incorporated Dr. Dunn's comments and added feedback from IMHC
Casey Moyer	10/7/15	V1.0	Structural Edits, accepted changes, finalized draft version.
Casey Moyer	10/9/15	V1.1	Comments incorporated (Dr. Dunn, Meg & Donna) – tracked
Casey Moyer	10/12/15	V1.2	Additional edits to rationale sections, all tracked changes accepted.