

Domain 5: Physician organization Support for Advanced Primary Care (100 points total)

Question	Points	Summary of Changes	Total Possible Points
<p>Team Care</p> <p>1. How does your physician organization support team based care at the front-line practice sites?</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scope of care <input type="checkbox"/> Panel size <input type="checkbox"/> Ratio to supervising physician <input type="checkbox"/> Defined roles for other non-physician team members (RN's, LVN's, CNA's, MA's, receptionist, dietician, social worker, pharmacist) within limits of certificate or licensure <input type="checkbox"/> Open access or reliable same day access when requested <input type="checkbox"/> Other 	<p>3 points for 3 or more selections</p>		<p>3</p>
<p>Team Care</p> <p>2. Which of the following communication types are specifically assigned to non-physician team members?</p> <p>Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepared visits and day planning with team <input type="checkbox"/> Data sharing with patients, e.g. lab & other results <input type="checkbox"/> Acute illness or injury follow up with patients <input type="checkbox"/> Follow up after ER visit & hospital discharge with patients <input type="checkbox"/> Care Management inquiries and support? <input type="checkbox"/> Educational inquiries & decision support <input type="checkbox"/> Other _____ (free text field) 	<p>3 points for 3 or more selections</p>		<p>3</p>
<p>Team Care</p> <p>3. Which type of electronic communication is accessible to all your staff team members?</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Result reporting <input type="checkbox"/> Scheduling & Rx refill <input type="checkbox"/> Clinical questions for physician review and response <input type="checkbox"/> Other 	<p>3 points for 3 or more selections</p>		<p>3</p>

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<p>Team Care</p> <p>4. If you made selections in the previous questions, what type of support does your physician organization provide?</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supplemental prospective payment based upon defined criteria <input type="checkbox"/> Teaching, practice coaching, or technical support within physician organization <input type="checkbox"/> Teaching, practice coaching, or technical support from external sources <input type="checkbox"/> Training subsidies for office staff <input type="checkbox"/> Office staff bonuses based upon patient experience scores, achievement in selected access and quality metrics <input type="checkbox"/> Other (Free text field) 	<p>3 points for 3 or more selections</p>		<p>3</p>
<p>Information Systems and Centralized Clinical</p> <p>5. How does your physician organization provide chronic illness and preventive medicine prompts to your PCP's in a format which is designed to accommodate office workflow?</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> For individual patients at the point of care <input type="checkbox"/> For a team's overall population for target conditions (e.g. diabetes) or services (e.g. IZ's or periodic screening) 	<p>1 point 2 point</p>		<p>3</p>
<p>Information Systems and Centralized Clinical</p> <p>6. How does your physician organization provide electronic conduits, connecting PCP offices with other healthcare professionals involved with coordinated care?</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialists <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> ER 	<p>3 points for 3 or more selections</p>		<p>3</p>

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<ul style="list-style-type: none"> <input type="checkbox"/> Ancillary services central group care management personnel <input type="checkbox"/> Pharmacy dispensing <input type="checkbox"/> Pharmacist consulting 			
<p>Information Systems and Centralized Clinical</p> <p>7. How does your physician organization facilitate care coordination with network physicians, accepting and transmitting personal health information in multiple formats in a secure fashion?</p> <p><u>Please select all that apply:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Single vendor’s EHR if uniform across physician organization <input type="checkbox"/> Multiple EHR’s <input type="checkbox"/> Electronic clinical messaging system <input type="checkbox"/> Conversion to FAX to paper based offices with storage of content in accessible memory 	<p>1 point</p> <p>2 points</p> <p>3 points</p> <p>3 points</p>		9
<p>Information Systems and Centralized Clinical</p> <p>8. Does your physician organization provide central case manager assistance when requested by PCP for patients with technically or socially complex care needs?</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>9. Does your physician organization either provide case management for its physicians or incentivize the physicians to provide it?</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes 	<p>0 points</p> <p>1 points</p> <p>0 points</p> <p>1 points</p>		2

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<p>Information Systems and Centralized Clinical</p> <p>10. Does your physician organization provide culturally and linguistically appropriate ambulatory case management to all sub-populations served?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>0 points</p> <p>1 points</p>		1
<p>Information Systems and Centralized Clinical</p> <p>11. How does your physician organization provide timely language interpretation services for patients in primary care settings? (Use of remote Plan-based telephonic service does not qualify)</p> <p><u>Please select all that apply:</u></p> <p><input type="checkbox"/> Family member present to interpret</p> <p><input type="checkbox"/> In-office interpreter</p> <p><input type="checkbox"/> Centrally coordinator interpreter services</p> <p><input type="checkbox"/> Telephonic interpreter service</p>	<p>0 points</p> <p>2 points</p> <p>4 points</p> <p>5 points</p>		11
<p>Information Systems and Centralized Clinical</p> <p>12. How does your physician organization address circumstances whereby specialist response to PCP referral exceeds PCP-determined time limit? _____ (Free Text)</p>	Info only		0
<p>Payment Alignment and Earning Opportunity</p> <p>13. With some exceptions, reduction of the payment disparity between PCPs and specialists has become a key recruitment and retention strategy. Which of the following performance-based earning opportunities does your physician organization provide?</p> <p><u>Please select all that apply:</u></p> <p><input type="checkbox"/> Not Applicable. These incentive structures are not relevant to our system. In that case, please jump to question #15.</p>	<p>1 point for 2 selections</p> <p>2 points for 3 selections</p> <p>3 points for 4 or more selections</p>		3

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<ul style="list-style-type: none"> <input type="checkbox"/> Quality bonus for technical care achievement (preventive and chronic care, including both commercial and senior standardized metrics) <input type="checkbox"/> Quality bonus for Patient satisfaction <input type="checkbox"/> Access bonus for accepting new patients in designated categories <input type="checkbox"/> Access bonus or cap enhancement for extended hours <input type="checkbox"/> Complex care bonus for accepting patients with known accentuated risks, time demands, and need for exceptional care coordination. <input type="checkbox"/> Health maintenance bonus for completion of physician organization-designated priority periodic health assessments (i.e. senior physicals, adolescent evaluations, women’s preventive care) <input type="checkbox"/> Completion of advanced directives, POLST, or other end of life planning <input type="checkbox"/> Efficiency bonus (ER use rate, generic Rx rate, other) <input type="checkbox"/> Meaningful Use certification <input type="checkbox"/> Participation bonus (committee work, pilot participation, project leadership) <input type="checkbox"/> Subsidy for educational experiences in care management for physician or staff <input type="checkbox"/> Leadership development exposures with financial support for time away from direct care activities <input type="checkbox"/> Participation with community health-related partnerships and programs 			
<p>Payment Alignment and Earning Opportunity</p> <p>14. By how much do these performance-based earning opportunities increase the PCPs’ baseline payment?</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> 0-5% <input type="radio"/> 5-10% 	Info only		0

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<p><input type="radio"/> 10-20%</p> <p><input type="radio"/> Greater than 20%</p>			
<p>Payment Alignment and Earning Opportunity</p> <p>15. Which of the following supports for business administration and overhead does your physician organization provide to primary care practices?</p> <p>Please select all that apply:</p> <p><input type="checkbox"/> Office system for business support (i.e. billing systems, answering service, supply & drug purchasing, insurance, janitorial, laundry, etc.)</p> <p><input type="checkbox"/> Office system for personnel support (i.e. recruiting, temps, HR services for office staff, accounting, etc.)</p> <p><input type="checkbox"/> Office IT support (grants, discounts, or loans of hardware, EHR, secure messaging, set-up and maintenance, rapid TAT repair, etc.)</p> <p><input type="checkbox"/> Practice Coaches</p>	<p>1 point</p> <p>2 points</p> <p>3 points</p> <p>4 points</p>		10
<p>Payment Alignment and Earning Opportunity</p> <p>16. Does your physician organization utilize any of the following payment techniques for primary care practices?</p> <p>Please select all that apply:</p> <p><input type="checkbox"/> Capitation or risk-adjusted PMPM incentive payment based upon age and gender</p> <p><input type="checkbox"/> Capitation or risk-adjusted PMPM incentive payment based upon age, gender, and other risk adjustment factors (e.g., hierarchical condition categories)</p> <p><input type="checkbox"/> Value-based incentives to improve patient health outcomes (e.g., augmented case management fee for patients designated with complex care needs, bonus for population health quality metrics)</p> <p><input type="checkbox"/> Please describe the value-based incentives that you offer to your primary care physicians. (Free text field)</p>	<p>2 points</p> <p>3 points</p> <p>5 points</p> <p>Info only</p>		10

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<p>Payment Alignment and Earning Opportunity</p> <p>17. Does your physician organization offer recognition and/or financial reward for offices and/or individual practitioners who have achieved a form of recognition for Medical Home or comparable advanced functionality?</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Patient Centered Medical Home (NCQA, CMS, JCAHO, URAC or other) certificate <input type="radio"/> Alternatively: Completion of coursework & documentation with criteria approved by physician organization 	<p>0 points</p> <p>2 points</p> <p>2 points</p>		2
<p>Leadership</p> <p>18. Does your physician organization have a committee, or a regularly scheduled physician organization meeting, charged with issues pertaining specifically to primary care?</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>The name of the committee is: <input type="text" value="Free text field"/></p>	<p>0 points</p> <p>2 points</p>		2
<p>Leadership</p> <p>19. Does your governing board include >40% representation of physicians from 3 Primary Care disciplines? (In the case of an all pediatric system, does your governing board include >40% representation from pediatric primary care?)</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes 	<p>0 points</p> <p>2 points</p>		2

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<p>Leadership 20. Has one or more of your senior medical directors practiced a primary care discipline? Please select one:</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>	<p>0 points 2 points</p>		<p>2</p>
<p>Leadership 21. Does your physician organization participate in a formal, long term collaborative enterprise focused upon primary care practice redesign (e.g., California Quality Collaborative, Institute for Healthcare Improvement, Medicare Quality Improvement Organization [QIO] program, University research program, commercial consulting firm)? Please select one:</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If yes, are you willing to discuss your experience with a phone call or email? Please select one:</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>	<p>0 points 2 points Info only</p>		<p>2</p>
<p>Personal Health and Family Support 22. What types of personal, professional and family health support does your physician organization offer?</p> <p>Please select all that apply:</p> <p><input type="checkbox"/> Vacation coverage <input type="checkbox"/> Optional or limited on-call <input type="checkbox"/> Maternity leave, what's the duration? (free text field)</p>	<p>3 points for 3 or more selections</p>		<p>3</p>

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<ul style="list-style-type: none"> <input type="checkbox"/> Paternity leave, what's the duration? (free text field) <input type="checkbox"/> Excused night and weekend coverage obligations for extended period after childbirth, what's the duration? (free text field) <input type="checkbox"/> Excused night and weekend coverage for practitioners over a designated age <input type="checkbox"/> Hospitalist coverage for inpatient care <input type="checkbox"/> SNF coverage <input type="checkbox"/> Nurse Triage or Advice phone service <input type="checkbox"/> After-hours urgent care synched with physician organization and PCP records 			
<p>Personal Health and Family Support</p> <p>23. Does your physician organization perform annual member physician satisfaction surveys?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>If yes, are these results promulgated within the physician organization?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>What is the title of a designated individual or committee charged with evaluating results and developing improvement strategies? (Free Text Field)</p>	<p>0 points</p> <p>2 points</p> <p>0 points</p> <p>1 points</p>		3
<p>Personal Health and Family Support</p> <p>24. Does your physician organization offer a formal mentorship program for new physicians?</p> <p><u>Please select one:</u></p>			2

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<p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>0 points</p> <p>2 points</p>		
<p>Personal Health and Family Support</p> <p>25. Does your physician organization have a formally organized physician well-being committee or staff position? If yes, please describe the role and function.</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>(Free Text Field)</p> <p>Personal Health and Family Support</p> <p>26. Does your physician organization have a formal professional “wellness” program?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>0 points</p> <p>2 points</p> <p>0 points</p> <p>1 point</p>		3
<p>Personal Health and Family Support</p> <p>27. From time to time, does your medical group organize activities to engage physician spouses and family members in social, cultural, educational, or athletic activities?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>0 points</p> <p>1 point</p>		1

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<p>Personal Health and Family Support 28. What type of personal financial support do you offer to new physicians? Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low cost or subsidized housing loans <input type="checkbox"/> Training debt repayment (partial or forgivable loans) after a defined vesting interval <input type="checkbox"/> Professional society dues <input type="checkbox"/> Medical license & DEA certificate costs <input type="checkbox"/> Medical liability coverage or discounted physician organization coverage <input type="checkbox"/> CME allowance <input type="checkbox"/> Community announcements, introductions, and promotion <input type="checkbox"/> Employment counseling and assistance for spouses <input type="checkbox"/> Other (Free text field) 	<p>3 points for 3 or more selections</p>		<p>3</p>
<p>Community Engagement and Educational Exposures 29. Does your physician organization perform community outreach to encourage elementary, high school, or college students to explore a career in healthcare? Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes 	<p>0 points 1 point</p>		<p>1</p>
<p>Community Engagement and Educational Exposures 30. Does your physician organization offer direct practice experience in primary care to medical students, mid-level trainees, and/or residents from university and hospital training programs?</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes 	<p>0 points 1 point</p>		<p>1</p>

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<p>Community Engagement and Educational Exposures</p> <p>31. Does your physician organization have a formal relationship with a local training entity for nurses, MAs, technicians, and other prospective healthcare team members? (e.g., junior college, proprietary school, etc.)</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>0 points</p> <p>1 point</p>		1
<p>Community Engagement and Educational Exposures</p> <p>32. Does your physician organization participate with a community leadership or other regular forum with multi-stakeholder healthcare interests?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>If yes, please name the organization (Free Text Field)</p>	<p>0 points</p> <p>1 point</p>		1
<p>Primary Care Practice Transformation Program and Practice Coaching</p> <p>33. Has your physician organization done any of the following?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> Created a work plan to begin a practice transformation program or practice coaching efforts in 2018 or 2019</p> <p><input type="radio"/> Recently initiated a practice transformation process with a vendor or a collaborative</p> <p><input type="radio"/> Have been working on a practice transformation process in last few years</p> <p><input type="radio"/> Initiated and/or have been working on a practice coaching process</p>	<p>2 points</p> <p>3 points</p> <p>4 points</p> <p>7 points</p>		7

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<p><input type="radio"/> None of the above</p> <p>If yes, how many physicians are currently participating? (Free text field)</p>	<p>0 points</p> <p>Info only</p>		