



2017 SIM PCMH Semiannual Practice Transformation Report

Deadline for Responses: 5pm, Friday, December 22, 2017

Directions for Completing the Report

The PCMH Initiative Semiannual Practice Transformation Report is intended to assess compliance with the SIM PCMH Participant Agreement and identify opportunities for the Initiative to support participants. As outlined in the 2017 Participation Agreement, Practice Transformation plans must be in place by November 1, 2017. The Initiative expect participants to report fully developed and finalized information regarding Practice Transformation. Note that all responses should capture the progress for each participating practice location, and general notes of any differences should be supplied in the space provided.

The report has been divided into 2 sections:

1. Clinical-Community Linkages (CCL), with the following sub-sections:
 - Assessing social determinants of health
 - Linkage methodology
 - Quality improvement activities
2. Practice Transformation Objective (PTO)

Please choose all applicable PTOs across your organization. This report will generate a subsection for each PTO selected. For example, if all participating practice locations selected the same PTO, there will be one sub-section. If three PTOs were selected across the participating practices, there will be 3 sub-sections.

Respondent Information (the person who will be contacted regarding this report)

Name _____

Phone _____

Email _____

Please select your organization (PO/PHO or independent practice) from the list below:



CCL Part I: ASSESSING PATIENTS’ SOCIAL DETERMINANTS OF HEALTH Participants should include the required elements below. Additionally, the document uploaded should include the details as relevant to each participating practice (upload all plans/procedures/tools together in one document).

Provide a copy of your organization’s Social Determinants of Health screening plan, include the following information within the plan. If you have made any changes to the plan since last reporting period (July 2017), please highlight the changes in the document or briefly describe the changes in the text box.

- The circumstances/visits during which PCMHs will administer screening
- Anticipated time it will take to complete the first screening across the patient population
- The timing and process for ongoing patient screening
- The approach to monitoring screening completion and closing screening gaps

Save the document as "POName_PCMH_Report_Semiannual_2017_CCL_Plan" and upload it here:

Provide a copy of your organization’s Social Determinants of Health screening procedure, include the following information within the procedure. If you have made any changes to the

procedure since last reporting period (July 2017), please highlight the changes in the document or briefly describe the changes in the text box.

- How and by whom (if applicable) screening is administered
- How and by whom results are interpreted
- How/where results are stored and made available to team members
- The follow-up steps that are taken when screening reveals a social need

Save the document as "POName_PCMH_Report_Semiannual_2017_CCL_Procedure" and upload it here:

Provide a copy of the Social Determinants of Health screening tool being administered and/or the tool you intend to use once screening begins. If you have made any changes to the screening tool since last reporting period (July 2017), please highlight the changes in the document or briefly describe the changes in the text box.

Save the document as "POName_PCMH_Report_Semiannual_2017_CCL_Tool" and upload it here:

Provide a total count of patients screened from 7/1/2017-10/31/2017. The total count:

- Should be a unique count (i.e. if a patient is screened twice during the above timeframe, only count the patient once)
- Can include patients screened as a part of testing tools, process and workflow (PDSA cycle)
- Should be aggregated across all practice locations

Provide a total count of patients screened from 11/1/2017.

- Should be a unique count (i.e. if a patient is screened twice during the above timeframe, only count the patient once)
 - Can include patients screened as a part of testing tools, process and workflow (PDSA cycle)
 - Should be aggregated across all practice locations
- Time frame (11/1/2017-mm/dd/yyyy)

Total count _____

Are the answers above reflective of the approach for all practices in your organization?

- Yes
- No (List practice or practices and describe their approach)



CCL Part II: PROVIDE LINKAGES TO COMMUNITY-BASED ORGANIZATIONS

Describe any changes/updates of your organization's Clinical Community Linkage Methodology in the past 6 months. Please answer "No" if the responses remain the same as your submission in the 2017 July Semi-annual report. Responses should include the required elements, as well as the details relevant to each participating practice (responses should cover CCL roles/communication approaches/training approaches/partnership approaches/linkage process/documentation approaches for every participating practice within the organization).

Has there been any change in the CCL roles and responsibilities within the PCMH, with a special focus on team members that are responsible for making and coordinating linkages to supportive resources?

- No
 - Yes, please describe _____
-

Has there been any change in communications approach for ensuring all team members, beyond those directly responsible for screening and/or linkages, are informed and engaged in the PCMH's approach to CCLs?

- No
 - Yes, please describe _____
-

Has there been any change in training approach (or approaches varying based on role/responsibility) for team members focused on the PCMH linkage methodology and available patient resources within a PCMH's community?

- No
 - Yes, please describe _____
-

Has there been any change in partnership approach to ensuring relationships are established and maintained with resource providers and programs that support patient social needs?

- No
 - Yes, please describe _____
-

Has there been any change in linkage process (or procedure) which conveys how linkages are initiated (information provided to patients, contact with resource providers/programs, supporting patients in access resources, etc.) and how linkage monitoring (patient reminders, follow-up with patients to determine linkage outcome etc.) is conducted?

- No
 - Yes, please describe _____
-

Has there been any change in documentation approach for ensuring the process and outcome of the CCL methodology are appropriately stored, ensuring the information is made available to team members and for quality improvement?

- No
 - Yes, please describe _____
-

Are the answers above reflective of the methodology for all practices in your organization?

- Yes
- No (List practice or practices and describe their approach)



CCL Part III: QUALITY IMPROVEMENT ACTIVITIES

Describe any changes/updates of your organization's Quality Improvement Activities focused on your organization's Social Determinants of Health Screening plan and Clinical Community

Linkage Methodology. Responses should include the required elements, as well as the details relevant to each participating practice.

Has there been any change in how your organization will review the Social Determinants of Health screening process, including monitoring screening completion, revealing screening gaps and circumstances/visits where screening is more and less effective, and ensuring the screening procedure is operationally efficient and being implemented consistently?

- No
 - Yes, please describe _____
-

Has there been any change in how your organization will review linkages documentation, including the resources referred to and the outcome of those linkages, to determine the effectiveness of partnerships and reveal the need for additional resource partnerships or collaboration with resources providers/programs to improve patient outcomes?

- No
 - Yes, please describe _____
-

Are the answers above reflective of the quality improvement activities for all practices in your organization?

- Yes
 - No (List practice or practices and describe their approach)

-

Do you have any client success story outlining successful SDoH screening and community linkage to share with us?

No

Yes, please describe. Please omit names and identifiers to ensure client confidentiality, but include the circumstance of the screen, the specific linkage made, and the results. (Please note: we may use this story in Newsletter or other SIM PCMH communications)



PRACTICE TRANSFORMATION OBJECTIVE As a part of the 2017 Initiative, all practices were required to select an objective from a menu of defined activities. Please refer to page 30 of the Participant Guide for the full menu.

Instructions:

Please choose ALL applicable PTOs across your organization (you may have more than one if different practice locations selected different objectives). The report will include a subsection for you to provide information for each PTO selected. For example, if all participating practice

locations selected the same PTO, there will be one sub-section; If 3 PTO were selected across the participating locations, there will be 3 sub-sections.

- Telehealth adoption
- Improvement plans from patient feedback
- Medication management
- Population health management
- Self-management monitoring and support
- Integrated peer support
- Group visit implementation
- Patient portal access
- Cost of care analysis
- Integrated clinical decision making



(In this guide, telehealth adoption is used as an example. You can expect the same questions for each of the PTO selected.)

Telehealth adoption (If telehealth adoption is selected)

Adopt and use telehealth services to increase patient access to remote specialty care consults or services.

Considering your organization's approach to implementing telehealth adoption, answer the questions below. Participants should include the progress to-date in response to the questions, and the response should be reflective of each practice unit that selected this objective.

Has there been any change in the efforts being pursued in relation to implementing telehealth adoption?

Yes

No

What is your organization's progress to date in implementing telehealth adoption?

We have not yet begun

We have identified a team and are early in discussion and development

We have begun team discussion and have identified an area(s) to focus on

We have shared findings with clinicians and other team members and have brainstormed ideas for improvement

We have implemented an improvement idea

Other (please describe) _____

All Participating practices must engage in the Clinical Practice Improvement Activities to support Population Health Management as outlined below in 2018. Please describe how your

organization will realign the current transformation objective as an activity which corresponds with improving performance on one or more of your population health objectives.

- Ensure engagement of clinical and administrative leadership in practice improvement by ensuring responsibility for guidance of practice change (i.e. a Champion) is a component of clinical and administrative leadership roles.
- Empanel (assign responsibility for) at least 95% of the Practice's patient population, linking each patient to a clinician or care team. Use the resultant patient panels as a foundation for individual patient and population health management.
- Use feedback reports provided by MDHHS, other payers and/or practice systems at least quarterly to implement strategies to improve population health on at least 2 utilization measures and 3 clinical process/quality/satisfaction measures at both practice and panel levels.

Are the answers above reflective of the approach for all practices in your organization selecting the transformation objective of telehealth adoption?

Yes

No (please describe) _____



State Innovation Model Patient Centered Medical Home Initiative

How will your organization continue to use Practice Transformation funds (\$1.25 PMPM) to support the goals you just outlined?

Are there additional supports that MDHHS, SIM and their partners could provide to assist your organization in achieving Practice Transformation?

- No
- Yes (please describe) _____

By signing below, I attest that I have the authority to provide the information on behalf the practices in the quarterly report.

Signature _____

Please click "Submit" to send the report to the Initiative.