Primary Care Transformation Model (PCTM) Provider Survey
May/June 2022

Survey Overview
For the Primary Care Transformation Model (PCTM) to work, we need to understand your clinic’s/practice’s current capacities and needs to implement the envisioned model. Your perspective is critical as we work to design a sustainable primary care model for patients, providers, payers, and purchasers. Additionally, this survey seeks to find provider groups that are already providing whole person care as outlined in the model.

Our ask
Please do not disregard or delay. Use this as the opportunity to familiarize yourself and your colleagues with the developing model by reviewing the current description on the HCA website and providing your feedback.

We expect this should take about 25-30 minutes. The survey is designed for completion by an administrative leader, with consultation where necessary from clinicians. Please provide responses at an organizational level (rather than individual clinicians) and only one response for your clinic/practice.
Note: Based on your answers, you may not be asked to answer all questions included in this document.

Questions
Please email HCA with any question or feedback.

Clinic/Practice Description

Q1. Clinic/Practice Contact Information
   • Clinic/practice name ____________________________________________
   • Address ________________________________________________________
   • City ____________________________________________________________
   • Zip code ________________________________________________________
   • State __________________________________________________________
   • County _________________________________________________________
   • Contact person for survey ________________________________________
   • Contact role in clinic/practice _____________________________________
   • Contact phone _________________________________________________
   • Contact email ___________________________________________________
Q2. Clinic/practice organizational structure (Select all that apply to your clinic/practice and any broader organization/system within which your organization operates)

- Not-for-profit
- For-profit
- Single-provider practice
- Multi-specialty practice
- Independent, multi-provider single-specialty practice
- Rural Health Clinic
- Federally Qualified Health Center
- Critical Access Hospital
- Hospital
- Academic/teaching institution
- Clinically integrated network
- Hospital owned or operated clinic/facility
- Inpatient clinic/facility
- Outpatient clinic/facility
- Behavioral health provider: mental health
- Behavioral health provider: substance use disorder
- Tribal health care provider
- Other (Please specify) ________________________________________________

Q3. Primary population focus for clinic/practice (Select one)

- Pediatric
- Geriatric
- Family/all ages
- Other – please specify ________________________________________________

Q4. How many clinical full-time equivalent personnel are employed by your primary care clinic/practice? (Provide estimated number) _______________________

Q5. In which Washington counties does your organization have site locations? (Select all that apply)

- Adams
- Asotin
- Benton
- Chelan
- Clallam
- Clark
- Columbia
- Cowlitz
- Douglas
- Ferry
- Franklin
- Garfield
- Grant
- Grays Harbor
- Island
- Jefferson
- King
- Kitsap
- Kittitas
- Klickitat
- Lewis
- Lincoln
- Mason
- Okanogan
- Pacific
- Pend Oreille
- Pierce
- San Juan
- Skagit
- Skamania
- Snohomish
- Spokane
- Stevens
- Thurston
- Wahkiakum
- Walla Walla
- Whatcom
- Whitman
- Yakima
Q6. Does the clinic/practice you represent contract directly with insurance carriers or is it part of a broader system/organization that does the contracting? (Select one)
   • Clinic/practice contracts directly with insurance companies
   • Clinic/practice is part of a broader system/organization that contracts with insurance companies
     (Please provide the name of the broader organization) ______________

Q7. Which private health insurance carriers contract with your clinic/practice? (Select all that apply)
   • Aetna
   • Amerigroup
   • Cigna
   • Community Health Plan of WA
   • Coordinated Care
   • Humana
   • Kaiser Permanente
   • Molina Health Care of Washington
   • PacificSource
   • Premera Blue Cross
   • Regence Blue Shield
   • UnitedHealthcare
   • Wellcare
   • Other – please list ______________

Q8. How big is your clinic's/practice's patient population? (Provide estimated patient population)

Q9. What are the coverage sources for your clinic's/practice's patient population? (Provide estimated percentages of patient population covered by the following sources, numbers only are preferred, percentage signs not needed)
   • Commercial ______________
   • Medicaid fee for service ______
   • Medicaid managed care ______
   • Medicare fee for service ______
   • Medicare Advantage ___________
   • Other federal (e.g., TriCare) ______
   • Other sources - please specify if over 5% of patient population _____

Q10. Has your organization achieved Patient Centered Medical Home (PCMH) certification? (Select one)
   • Yes
   • No, but we are working toward certification
   • No

Q11 Please provide any detail you think will help us more fully understand your organizational structure.

_____________________________________________________________________________
Clinic/Practice Interest in the WA Primary Care Transformation Mode (PCTM)

Q12. Based on the current description of the Primary Care Transformation Model, how likely is it that your organization would seek to participate in the model when it is available? (Select one. Your response is not binding in any way; our goal is to gauge current interest.)

- Extremely unlikely
- Somewhat unlikely
- Somewhat likely
- Extremely likely

Q13. What elements are most appealing about the model for your organization? [If Q12 answer is somewhat or extremely likely]

Q14. What are the primary reasons you believe it would be unlikely for your organization to participate in the model? [If Q12 is somewhat or extremely likely]

Q15. Please provide any detail you think will help us more fully understand your interest in the PCTM. ____________________________________________________________

Clinic/practice certification level

Please review the provider accountabilities as outlined in the PCTM summary (Table 1 on page 12) before answering the following questions. We are interested in your perception of your clinic's/practice's primary care capacities as defined under the model.

Q16. Does your organization meet none, some, most, or all of level 1 provider accountabilities?

- None
- Some (1-5 of the level 1 accountabilities)
- Most (6 or over)
- All

Q17. Which level 1 accountabilities are the hardest to develop (select up to 3)?

1. Whole-person care
2. A team for every patient
3. Behavioral health screening and follow-up
4. Risk stratification
5. Patient support
6. Care coordination strategy
7. Expanded access
8. Culturally attuned care
9. Health literacy
10. Data capacity
11. Use aligned metrics to measure value
Q18. Does your organization meet none, some, most, or all of level 2 provider accountabilities?
   - None
   - Some (1-5 of the level 2 accountabilities)
   - Most (6 or over)
   - All

Q19. Which level 2 accountabilities are the hardest to develop (select up to 3)?
   1. Whole-person care
   2. A team for every patient
   3. Behavioral health screening and follow-up
   4. Risk stratification
   5. Patient support
   6. Care coordination strategy
   7. Expanded access
   8. Culturally attuned care
   9. Health literacy
   10. Data capacity
   11. Use aligned metrics to measure value

Q20. Does your organization meet none, some, most, or all of level 3 provider accountabilities?
   - None
   - Some (1-5 of the level 3 accountabilities)
   - Most (6 or over)
   - All

Q21. Which level 3 accountabilities are the hardest to develop (select up to 3)?
   1. Whole-person care
   2. A team for every patient
   3. Behavioral health screening and follow-up
   4. Risk stratification
   5. Patient support
   6. Care coordination strategy
   7. Expanded access
   8. Culturally attuned care
   9. Health literacy
   10. Data capacity
   11. Use aligned metrics to measure value

Q22. Please provide any additional thoughts on your clinic’s capacity to meet the provider accountabilities that you would want us to understand. _____________________________
Clinic/Practice Transformation Payments

Q23. The Primary Care Transformation Model envisions transformation payments to provide targeted support to help providers to achieve higher accountabilities in the model.

Based on your assessment of your practice’s capacities above, if you were eligible for transformation funding, which accountabilities would you most want to work on? (Select up to 3)
1. Whole-person care
2. A team for every patient
3. Behavioral health screening and follow-up
4. Risk stratification
5. Patient support
6. Care coordination strategy
7. Expanded access
8. Culturally attuned care
9. Health literacy
10. Data capacity
11. Use aligned metrics to measure value

Q24. If you had to decide today, what is the most likely investment your practice would make to support care improvement under the model? (Select most likely investment)
- Targeted FTE to support the accountabilities you prioritized
- Electronic health record improvements
- Advanced telehealth tools
- Population health management tools
- Care management tools
- Provider practice training
- Other - please specify __________________________________________________

Q25. Please provide any detail you think will help us more fully understand your current thinking on the use of transformation funds if available. ___________________________________________

Clinic/practice Care Coordination Capacity

Q26. Coordination of patient care is an integral component of the model. The following questions explore whether your practice/clinic receives any specific payments from commercial payers, Medicaid, Medicare or other sources to provide care coordination and the focus of the coordination services provided. Does your organization currently receive payment(s) specifically for care coordination? (Select one option)
- Yes
- No
- Not sure

Q27. Which programs or funding streams provide those payments? (Select all that apply)
Commercial payer(s)
- Medicaid Medicaid managed care organization(s)
- Medicare Advantage plan(s)
- Medicare fee-for-service
- Medicaid Health Homes Program
- Maternal Support Services
- Specific grant program(s)
- Other – please specify ________________________________

Q28. What services/populations are the focus of your care coordination efforts? (Select all that apply)
- Behavioral health (mental health needs)
- Behavioral health (substance use disorder)
- Specialty care
- Social needs
- Dental care
- Medically complex
- Chronic disease
- Other – please specify ________________________________

Q29. Do you employ one or more FTE to implement care coordination for your patient population?
- Yes
- No
- No, but we would like to

Q30. What organizations are you contracting or collaborating with to provide care coordination? (Select all that apply)
Health plan
- Care coordination service
- Accountable Community of Health (ACH)
- Community organizations
- Local hospital(s)
- Clinically integrated network
- Nursing home provider(s)
- Other – please describe ________________________________
- We do not contract or collaborate with other organization to provide care coordination

Q31. Please provide any detail you think will help us more fully understand your responses on care coordination. ________________________________

End of Survey – Thank you for your participation!