

Practice Facilitator Deliverables, SOW, due dates and process

Presenter: Andrew Bienstock and Jennifer Halfacre

Reporting Elements

1. Field Notes
2. Clinical Quality Measure (CQM) Reporting
3. Milestone Attestation Checklist
4. Shared Care Support Plan (both PF and RHC will submit)

ISP Assessment Guide

ASSESSMENT NAME/TOOL	ASSESSMENT PURPOSE	RESPONSIBLE PARTY	RESPONSIBLE SUBMITTER	FREQUENCY OF REPORT	ESTIMATED COMPLETION TIME (MINUTES)
MILESTONE ATTESTATION CHECKLIST	Assesses practice's current implementation of the ISP milestone activities and progress	Practice Facilitator	Practice Facilitator	3 during grant period	60
SHARED CARE SUPPORT PLAN	Provide collaboration between Regional Health Connectors and Practice Facilitators and serve as a guide for practice goals	Regional Health Connector and Practice Facilitator	Regional Health Connector and Practice Facilitator (both must hit submit)	3 during grant period	30
FIELD NOTE	Documentation of number of meetings/contacts and specific areas of focus with ISP Milestone	Practice Facilitator	Practice Facilitator	Monthly	10
CLINICAL QUALITY MEASURES (CQM)	Tracking patients and process outcomes achieved by practices	Practice Champion and Practice Facilitator	Practice Champion and Practice Facilitator	Every Calendar Quarter	Varies depending on EHR

Reporting Elements due dates

- Field Notes – due monthly, by the 8th of the following month
- Clinical Quality Measure (CQM) Reporting – due quarterly –
 - Baseline (2019 Calendar Year) – for practices starting March 2020 – April 30, 2020, Due April 30th.
 - Baseline (2019 Calendar Year) – for practices starting July 2020 – August 31, 2020, Due August 31st.
 - Q2 2020 – due July 31, 2020
 - Q3 2020 – due October 31, 2020
 - Q4 2020 – due January 31, 2021
 - Q1 2021 – due April 30, 2021
- Milestone Attestation Checklist
 - Baseline – for practices starting March 2020 – April 30, 2020, Due April 30th.
 - Baseline – for practices starting July 2020 – August 31, 2020, Due August 31st.
 - 1st Update – due December 15, 2020
 - 2nd Update – due May 31, 2021
- Shared Care Support Plan
 - Baseline – for practices starting March 2020 – April 30, 2020, Due April 30th.
 - Baseline – for practices starting July 2020 – August 31, 2020, Due August 31st.
 - 1st update – due November 1 – December 15, 2020
 - 2nd update – due May 1 – June 30, 2020

Step 1 – select encounter type – save and next

- Monthly Field Note -

General Information & Monthly Encounters

This section summarizes all encounters planned, including missed or canceled, that occurred with the practice site.

Select the encounter type(s) that occurred this month with the practice site:

'No Encounters Occurred/Planned' is an exclusive answer, if this response is selected other responses will be unselected.

(Select all that apply)



In-Person QI Team Meeting(s)	Email Exchange(s)
Remote/Virtual QI Team Meeting(s)	Multi-Practice/System Encounter(s)
Other In-Person Meeting(s)	Other Encounter Type(s) (Specify)
Web Conference Call(s) (i.e. WebEx; Zoom)	No Encounters Occurred/Planned (Specify)
Phone Conversation(s)	

Save & Next



Field Notes

Step 2 – answer additional questions regarding the encounter type, save and next



Approximate total length of time spent with the practice site for all encounters this month:

0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10

Total hours:



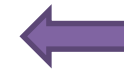
Indicate the number of In-Person QI Team Meetings that occurred with the practice site:



Select the participants involved in all encounters that occurred this month:
(Select all that apply)

<input type="checkbox"/> Practice Leadership	<input type="checkbox"/> Practice Facilitator (PF)
<input type="checkbox"/> Practice Clinician/Provider(s) (MD, DO, NP, PA)	<input type="checkbox"/> Clinical HIT Advisor (CHITA)
<input type="checkbox"/> Practice Clinical Staff (RN, MA, LPN)	<input type="checkbox"/> Regional Health Connector (RHC)
<input type="checkbox"/> Office/Support Staff (e.g. front desk, billing)	<input type="checkbox"/> Behavioral Health Professional
<input type="checkbox"/> Office/Practice Manager	<input type="checkbox"/> Other Participants
<input type="checkbox"/> System/Multi-Site Organization Staff	

Save & Next



Field Notes

Step 3 – Select the building blocks you worked on this month

- Monthly Field Note -

(Note display logic is used to ensure PFs and CHITAs only answer questions applicable to them. Additional question will display based on responses to previous questions, please ensure all questions are answered before submitting.)

Milestone Activity Statuses

Please indicate if you did or did not work on each building block with the practice over the past month.

Building Block One: Leadership

☐ Did work on this building block ☐ Did not work on this building block

Building Block Two: Data Driven Quality Improvement (QI)

☐ Did work on this building block ☐ Did not work on this building block

Building Block Three: Empanelment

☐ Did work on this building block ☐ Did not work on this building block

Building Block Four: Team-based Care

☐ Did work on this building block ☐ Did not work on this building block

Building Block Five: Patient & Family Engagement

☐ Did work on this building block ☐ Did not work on this building block

Building Block Six: Population Management

☐ Did work on this building block ☐ Did not work on this building block

Building Block Seven: Continuity of Care

☐ Did work on this building block ☐ Did not work on this building block

Building Block Eight: Access to Care

☐ Did work on this building block ☐ Did not work on this building block

Building Block Nine: Comprehensiveness & Coordination of Care

☐ Did work on this building block ☐ Did not work on this building block

Building Block Ten: Value-based Contracting

☐ Did work on this building block ☐ Did not work on this building block

[Previous](#)[Save & Next](#)

Field Notes

Step 4 – If you select “did work on this building block” – please describe the work you completed the last month. If you select “did not work on this building block”, nothing further is needed. Save and Next

Milestone Activity Statuses

Please indicate if you *did* or *did not* work on each building block with the practice over *the past month*.

Building Block One: Leadership

Did work on this building block

Did not work on this building block

Describe the work completed in the last month regarding Leadership:

Milestone Activity Statuses

Please indicate if you *did* or *did not* work on each building block with the practice over *the past month*.

Building Block One: Leadership

Did work on this building block

Did not work on this building block



Field Notes

Step 5 – If you have any concerns, please describe. If you do not have any concerns, nothing further is needed. Save and next.



Do you have any specific concerns about this practice that you would like to alert the Practice Innovation Team about?

Yes

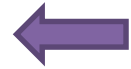
No

Describe the concern or issue:

Do you have any specific concerns about this practice that you would like to alert the Practice Innovation Team about?

Yes

No



Field Notes

Step 6 – Select Progress (Struggling, Normal or Excelling) and then describe anything else you covered or worked on and your plan for next month. Please make sure to SUBMIT.

Is this practice struggling, making normal progress, or excelling?
(Excelling practices are those that exceed their required expectations and are considered best practices whose strategies and progress should be shared with others. A practice making normal progress will be consistently achieving their goals by the target date and implementing building blocks and activities in a consistent and meaningful way. Struggling practices are those that often miss target dates, do not fully or consistently implement activities and strategies, or show a persistent lack of engagement or direction).

→ ☐ Struggling ☐ Normal Progress ☐ Excelling

→ Describe anything else you covered or worked on with the practice during this past month:

→ Describe the work and topics you plan to cover with the practice next month:

←

Clinical Quality Measures (CQM)

Adult Measures

Measure Title	Citation	Link	CPC+ Comprehensive Primary Care Plus	QPP Quality Payment Program	MPC Colorado Multi-Payer Collaborative	Colorado Medicaid APM
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	NQF 0418 QID 134 CMS2v8	https://ecqi.healthit.gov/ecqm/ep/2019/cms002v8		Process Measure		X
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow Up Plan	NQF 0421 QID 128 CMS69v7	https://ecqi.healthit.gov/ecqm/ep/2019/cms069v7		Process Measure	X	X
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NQF 0004 QID 305 CMS137v7	https://ecqi.healthit.gov/ecqm/ep/2019/cms137v7		Process Measure		
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	NQF 0059 QID 1 CMS122v7	https://ecqi.healthit.gov/ecqm/ep/2019/cms122v7	X	Intermediate Outcome	X	X

Clinical Quality Measures (CQM)

Pediatric Measures

Measure Title	Citation	Link	CPC+ Comprehensive Primary Care Plus	QPP Quality Payment Program	MPC Colorado Multi-Payer Collaborative	Colorado Medicaid APM
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	NQF 0418 QID 134 CMS2v8	https://ecqi.healthit.gov/ecqm/ep/2019/cms002v8		Process Measure		X
Maternal Depression Screening	QID 372 CMS82v6	https://ecqi.healthit.gov/ecqm/ep/2019/cms082v6			X	X
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NQF 0024 QID 239 CMS155v7	https://ecqi.healthit.gov/ecqm/ep/2019/cms155v7		Process Measure	X	X
Childhood Immunization Status	NQF 0038 QID 240 CMS117v7	https://ecqi.healthit.gov/ecqm/ep/2019/cms117v7		Process Measure	X	X

Clinical Quality Measures Reporting

ISP CQMs

Step 1 – select Adult Measures or Pediatric Measures. Save and Next



— ISP CQM Survey —

Adult Measures	Pediatric Measures
Depression Screening: NQF 0418	Depression Screening: NQF 0418
BMI (Adult): NQF 0421	Maternal Depression Screening: Quality ID 372
Alcohol & Other Drug Screening: NQF 0004	Weight Assessment: NQF 0024
Hemoglobin A1c: NQF 0059	Childhood Immunizations: NQF 0038

Select the practice site Measure Group for this quarter:

(Reporting group must be consistent throughout the project)

Adult Measures

Pediatric Measures

Save & Next



— ISP CQM Survey —

Adult Measures	Pediatric Measures
Depression Screening: NQF 0418	Depression Screening: NQF 0418
BMI (Adult): NQF 0421	Maternal Depression Screening: Quality ID 372
Alcohol & Other Drug Screening: NQF 0004	Weight Assessment: NQF 0024
Hemoglobin A1c: NQF 0059	Childhood Immunizations: NQF 0038

Select the practice site Measure Group for this quarter:

(Reporting group must be consistent throughout the project)

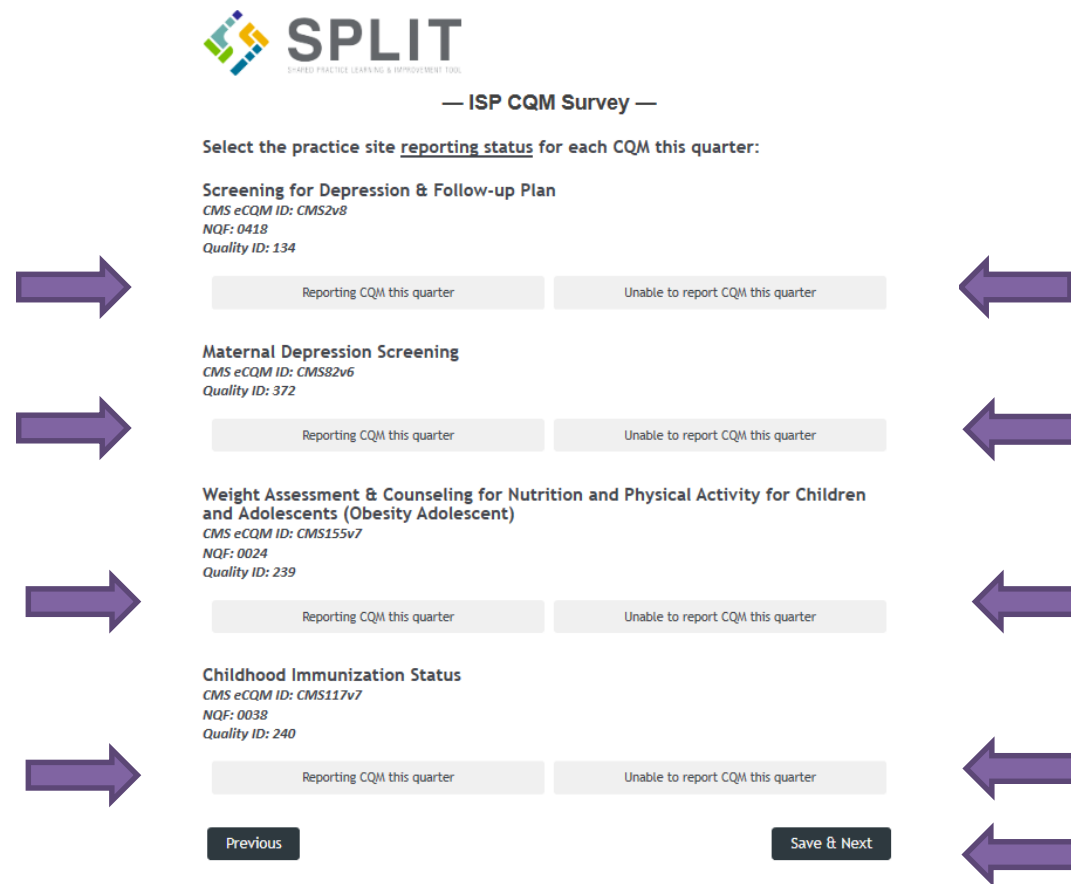
Adult Measures

Pediatric Measures

Save & Next

Clinical Quality Measures Reporting

Step 2 – select Reporting CQM or Unable to Report for each measure. Save and next.



SPLIT
SHARED PRACTICE LEARNING & IMPROVEMENT TOOL

— ISP CQM Survey —

Select the practice site reporting status for each CQM this quarter:

Screening for Depression & Follow-up Plan
CMS eCQM ID: CMS2v8
NQF: 0418
Quality ID: 134

Reporting CQM this quarter Unable to report CQM this quarter

Maternal Depression Screening
CMS eCQM ID: CMS82v6
Quality ID: 372

Reporting CQM this quarter Unable to report CQM this quarter

Weight Assessment & Counseling for Nutrition and Physical Activity for Children and Adolescents (Obesity Adolescent)
CMS eCQM ID: CMS155v7
NQF: 0024
Quality ID: 239

Reporting CQM this quarter Unable to report CQM this quarter

Childhood Immunization Status
CMS eCQM ID: CMS117v7
NQF: 0038
Quality ID: 240

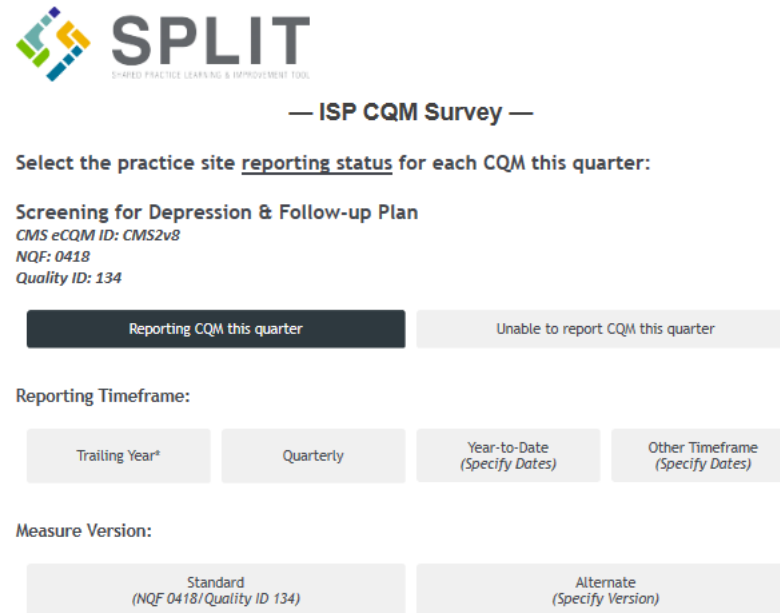
Reporting CQM this quarter Unable to report CQM this quarter

Previous Save & Next

Clinical Quality Measures Reporting

Step 3a – if selecting “Reporting CQM this quarter”, select timeframe and Measure Version

**Trailing year is preferred*



SPLIT
SHARED PRACTICE LEARNING & IMPROVEMENT TOOL

— ISP CQM Survey —

Select the practice site reporting status for each CQM this quarter:

Screening for Depression & Follow-up Plan
CMS eCQM ID: CMS2v8
NQF: 0418
Quality ID: 134

☒ Reporting CQM this quarter ☐ Unable to report CQM this quarter

Reporting Timeframe:

☒ Trailing Year* ☐ Quarterly ☐ Year-to-Date (Specify Dates) ☐ Other Timeframe (Specify Dates)

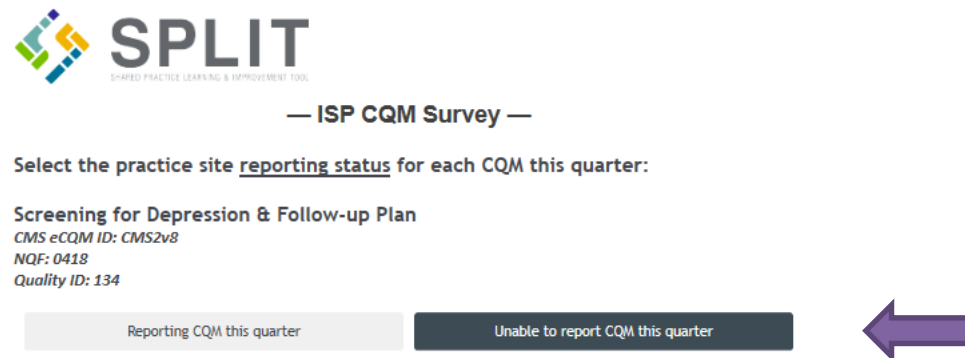
Measure Version:


☒ Standard (NQF 0418/Quality ID 134) ☐ Alternate (Specify Version)



Clinical Quality Measures Reporting

Step 3b– if selecting “Unable to report CQM this quarter”, go to step 5b



 **SPLIT**
SHAPED PRACTICE LEARNING & IMPROVEMENT TOOL

— ISP CQM Survey —

Select the practice site reporting status for each CQM this quarter:

Screening for Depression & Follow-up Plan
CMS eCQM ID: CMS2v8
NQF: 0418
Quality ID: 134

☐ Reporting CQM this quarter ☒ Unable to report CQM this quarter

A purple arrow points to the "Unable to report CQM this quarter" button.

Clinical Quality Measures Reporting

Step 4 – insert numerator and denominator and answer the two data validation questions. Save and next.



— ISP CQM Survey —

Adult Depression Screening
NQF 0418 or CMS 2v8

Clinical Quality Measure Values

Numerator

Denominator

Do you have confidence in the values that you are reporting for this measure?

Yes

No

How did you generate this measure?

EHR

Registry

Previous

Save & Next

Clinical Quality Measures Reporting

Step 4a – if you selection yes, nothing further is needed. If you select no, please explain why you do not have confidence and what are your next steps.



— ISP CQM Survey —

Clinical Quality Measure Values

Adult Depression Screening
NQF 0418 or CMS 2v8

Numerator

Denominator

Do you have confidence in the values that you are reporting for this measure?

Yes

No



Please explain why you do not have confidence in the values you are reporting for this measure:

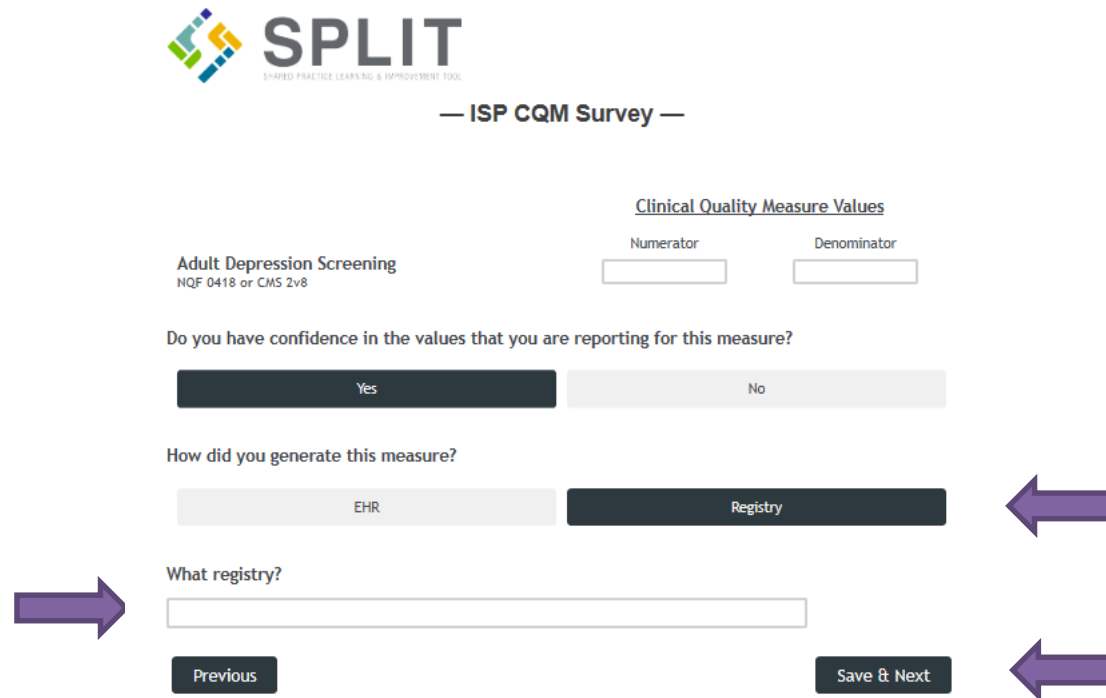


What steps will you take to improve your confidence in the values for this measure?



Clinical Quality Measures Reporting

Step 4b – if you select EHR, nothing further is needed. If you selecting Registry, put what registry. Save and next.



SPLIT
SHARED PRACTICE LEARNING & IMPROVEMENT TOOL

— ISP CQM Survey —

Clinical Quality Measure Values

	Numerator	Denominator
Adult Depression Screening NQF 0418 or CMS 2v8	<input type="text"/>	<input type="text"/>

Do you have confidence in the values that you are reporting for this measure?

☒ Yes ☐ No

How did you generate this measure?

☐ EHR ☒ Registry

What registry?

Three purple arrows are overlaid on the form: one pointing to the 'Registry' radio button, one pointing to the 'What registry?' text input field, and one pointing to the 'Save & Next' button.

Clinical Quality Measures Reporting

Step 5a – if you selected “Reporting Measure” from step 2, additional comments notes will be the last step. Please make sure to SUBMIT.



— ISP CQM Survey —

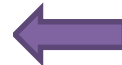
Additional Comments & Notes:
(Optional)

A large, empty rectangular text box with a thin gray border, intended for users to enter additional comments and notes.

*Assessment responses are final and cannot be changed after submitted.
Once submitted an assessment response summary PDF will be available to download.*

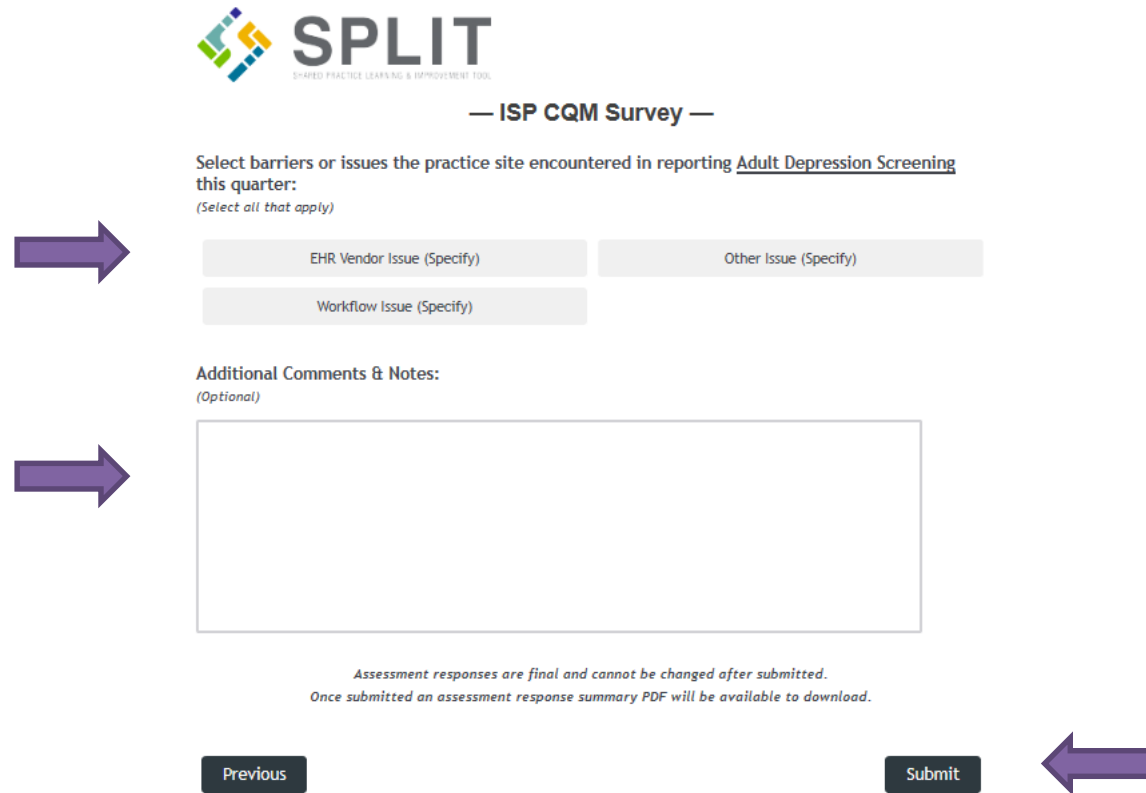
Previous


Submit



Clinical Quality Measures Reporting

Step 5b – if you selected “Unable to Report” from step 2, select barriers and list any additional comments. Please make sure to SUBMIT.



 **SPLIT**
SHARED PRACTICE LEARNING & IMPROVEMENT TOOL

— ISP CQM Survey —

Select barriers or issues the practice site encountered in reporting Adult Depression Screening this quarter:
(Select all that apply)

→

EHR Vendor Issue (Specify) Other Issue (Specify)

Workflow Issue (Specify)

Additional Comments & Notes:
(Optional)

→

Assessment responses are final and cannot be changed after submitted.
Once submitted an assessment response summary PDF will be available to download.

Previous Submit ←

Milestone Attestation Checklist (MAC)

Step 1 – select Not Started, Just Beginning, Actively Addressing or Completed for each milestone

Practice has written job descriptions, including clear roles and responsibilities.

Practice Attestation Anchor: Produce written job descriptions for at least two roles in the practice (i.e. front desk, MA, RN, etc.) and attest that others are in place.

Milestone Activity 4.1.2

(1) Not Started

(2) Just Beginning

(3) Actively Addressing

(4) Completed



Milestone Attestation Checklist (MAC)

The Milestone Attestation Checklist documents the current status of milestone activities using the following scale:

- (1) Not Started** = No work has started on activity at the practice site
- (2) Just Beginning** = Work is started and there is minor progress on the activity
- (3) Actively Addressing** = Significant work is done and activity is almost complete
- (4) Completed** = Activity is fully and regularly implemented at practice site

CHITA Support

- Who
 - Andrew and Jennifer
- What
 - Centralized CHITA support for ISP program
- When
 - Anytime you are having issues with HIT or EHR in a practice that you are unable to resolve
- Where
 - You will be contacted by Jennifer and Andrew and we will work with you and the practice
- Why
 - Budget constraints restricted the ability to have a dedicated CHITA for each practice


CHITA Support

- How
 - Go to SPLIT Home Page and select “Submit Help Desk Ticket”



CHITA Support

- How
 - Fill in requester/reporter, select ISP the FAST/ISP CHITA




Requester/Reporter:
(Required - Person submitting Support Request)

Full Name


Email Address

Phone Number (Optional)



Program/Initiative(s) Related to Support Request:
(Required - Select all that apply)

General Practice Innovation Program	Jails
CHES	Moms & Babies
6BB - Six Building Blocks	SNOCap
ISP - Innovation Support Project	RMHP
FAST - Facilitating Alcohol Screening and Treatment	Other (Specify)
Dental	



Please select if applies:

FAST/ISP CHITA

CHITA Support

[Help Desk](#)

- How
 - Fill in the rest of the form and submit – Andrew and/or Jennifer will get back to you.

Requester/Reporter's Role:

(Required - Role of person submitting Support Request. Select all that apply)

<input type="checkbox"/> PTO Administrator	<input type="checkbox"/> Health System/Organization
<input type="checkbox"/> Practice Facilitator	<input type="checkbox"/> State Office
<input type="checkbox"/> Clinical HIT Advisor	<input type="checkbox"/> UCDFM Internal Team
<input type="checkbox"/> Practice Member	<input type="checkbox"/> Project Partner
<input type="checkbox"/> Practice Administrator	<input type="checkbox"/> Other Role (Specify)

If applicable, specify which practice site(s) the Support Request is associated with:

Practice 1	<input type="text"/>
Practice 2	<input type="text"/>

Include details in your description to best assist the Support Team in helping resolve your Support Request.

For issues other than straight forward inquiries, consider including information about:

- What is happening - describe the issue and what is occurring.
- Time frame - when did the issue occur (date and time) and when do you need a resolution?

For SPLIT related Support Requests, additional information to consider including:

- Location - Where were you in SPLIT: specify the assessment or field note and related timeframe/month?
- What browser and internet connection were you using?

Provide a brief description of the issue and/or your question related to this Support Request:

(Required)

Upload 1:

(Optional - Upload any files or screenshots that may be helpful for the Support Team to review while addressing your specific Support Request. Note only one file can be attached to each upload question.)

Drop files or click here to upload

Upload 2:

(Optional - Upload any files or screenshots that may be helpful for the Support Team to review while addressing your specific Support Request. Note only one file can be attached to each upload question.)

Drop files or click here to upload

Additional Contacts Requesting Support Request Response:

(Optional - Include information below for additional contacts that would like to be included on the response from our Practice Innovation Program Support Team.)

1a) Full Name	<input type="text"/>
1b) Email Address	<input type="text"/>

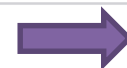
Additional Contacts Requesting Support Request Response:

(Optional - Include information below for additional contacts that would like to be included on the response from our Practice Innovation Program Support Team.)

2a) Full name	<input type="text"/>
2b) Email Address	<input type="text"/>

Additional Comments and Notes:

(Optional)



Submit Request

Learning Community

- Events will be updated on <https://www.practiceinnovationco.org/events/>
- ISP PTO Touchbase – 2nd Wednesday
- FAST PTO Touchbase – 4th Wednesday
- PF Learning Network/Learning Feature – 3rd Wednesday
- SPLIT Office Hours - TBD
- Colorado QPP Coalition – 4th Tuesday
- Virtual MAT Training – 1st Thursday
- Induction Basics – 2nd Tuesday