

# Practice Facilitator Deliverables, SOW, due dates and process

Presenter: Andrew Bienstock and Jennifer Halfacre

# Reporting Elements

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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)
<b>MILESTONE ATTESTATION CHECKLIST</b>	Assesses practice's current implementation of the ISP milestone activities and progress	Practice Facilitator	Practice Facilitator	3 during grant period	60
<b>SHARED CARE SUPPORT PLAN</b>	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
<b>FIELD NOTE</b>	Documentation of number of meetings/contacts and specific areas of focus with ISP Milestone	Practice Facilitator	Practice Facilitator	Monthly	10
<b>CLINICAL QUALITY MEASURES (CQM)</b>	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

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- Field Notes – due monthly, by the 8<sup>th</sup> 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.
  - 1<sup>st</sup> Update – due December 15, 2020
  - 2<sup>nd</sup> 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.
  - 1<sup>st</sup> update – due November 1 – December 15, 2020
  - 2<sup>nd</sup> 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)*



<input type="checkbox"/> In-Person QI Team Meeting(s)	<input type="checkbox"/> Email Exchange(s)
<input type="checkbox"/> Remote/Virtual QI Team Meeting(s)	<input type="checkbox"/> Multi-Practice/System Encounter(s)
<input type="checkbox"/> Other In-Person Meeting(s)	<input type="checkbox"/> Other Encounter Type(s) (Specify)
<input type="checkbox"/> Web Conference Call(s) (i.e. WebEx; Zoom)	<input type="checkbox"/> No Encounters Occurred/Planned (Specify)
<input type="checkbox"/> 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:

1 2 3 4 5+



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

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**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

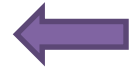
No

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).*



 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	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms002v8">https://ecqi.healthit.gov/ecqm/ep/2019/cms002v8</a>		Process Measure		X
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow Up Plan	NQF 0421 QID 128 CMS69v7	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms069v7">https://ecqi.healthit.gov/ecqm/ep/2019/cms069v7</a>		Process Measure	X	X
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NQF 0004 QID 305 CMS137v7	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms137v7">https://ecqi.healthit.gov/ecqm/ep/2019/cms137v7</a>		Process Measure		
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	NQF 0059 QID 1 CMS122v7	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms122v7">https://ecqi.healthit.gov/ecqm/ep/2019/cms122v7</a>	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	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms002v8">https://ecqi.healthit.gov/ecqm/ep/2019/cms002v8</a>		Process Measure		X
Maternal Depression Screening	QID 372 CMS82v6	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms082v6">https://ecqi.healthit.gov/ecqm/ep/2019/cms082v6</a>			X	X
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NQF 0024 QID 239 CMS155v7	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms155v7">https://ecqi.healthit.gov/ecqm/ep/2019/cms155v7</a>		Process Measure	X	X
Childhood Immunization Status	NQF 0038 QID 240 CMS117v7	<a href="https://ecqi.healthit.gov/ecqm/ep/2019/cms117v7">https://ecqi.healthit.gov/ecqm/ep/2019/cms117v7</a>		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)

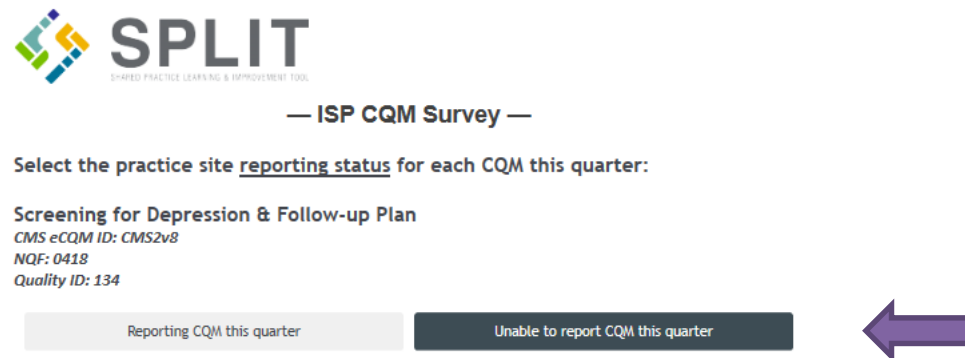
Measure Version:

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

# Clinical Quality Measures Reporting

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



The screenshot displays the SPLIT (SHAPED PRACTICE LEARNING & IMPROVEMENT TOOL) interface for an ISP CQM Survey. The survey title is "Screening for Depression & Follow-up Plan" with CMS eCQM ID: CMS2v8, NQF: 0418, and Quality ID: 134. Below the title, there are two radio button options: "Reporting CQM this quarter" (unselected) and "Unable to report CQM this quarter" (selected). A purple arrow points to the selected option.



# Clinical Quality Measures Reporting

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



— 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

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.



— 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

How did you generate this measure?

 EHR Registry


What registry?



# Clinical Quality Measures Reporting

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

 **SPLIT**  
SHARED PRACTICE LEARNING & IMPROVEMENT TOOL

— ISP CQM Survey —

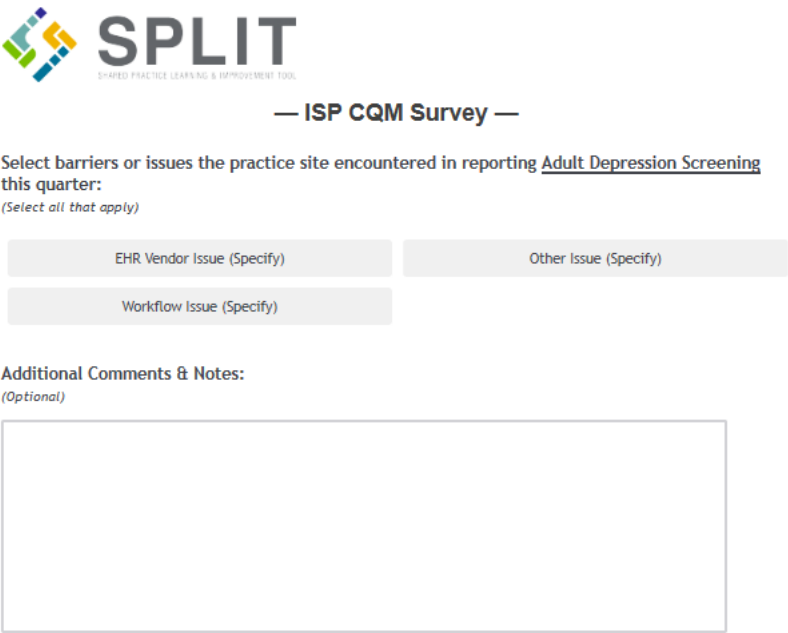
Additional Comments & Notes:  
*(Optional)*

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

[Previous](#) [Submit](#)

# 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.*

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# Milestone Attestation Checklist (MAC)

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

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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)

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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

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- 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

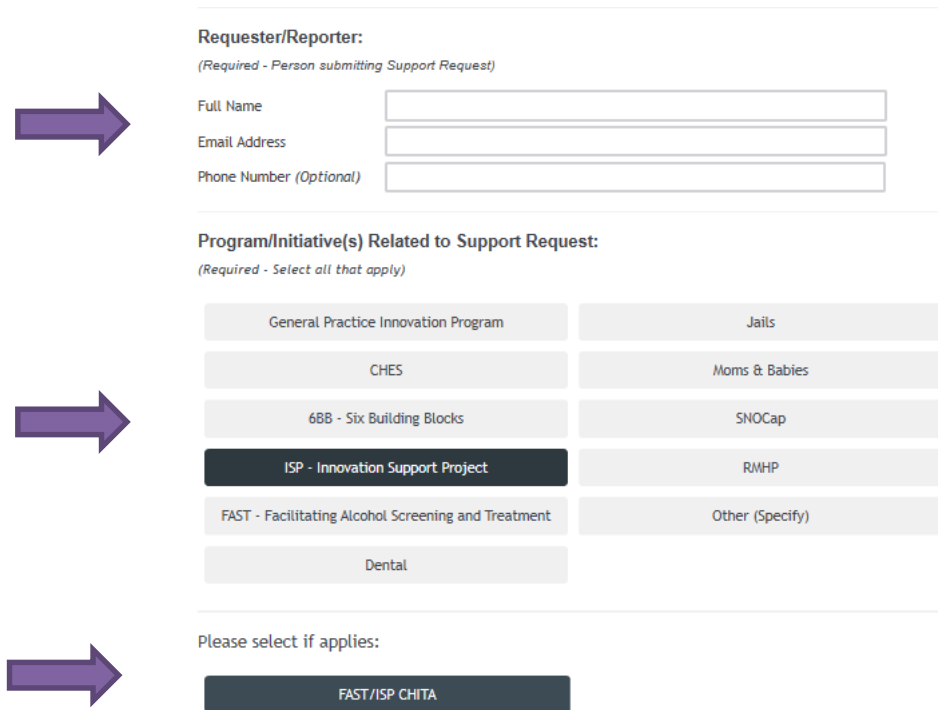
- How
  - Go to SPLIT Home Page and select “Submit Help Desk Ticket”



# CHITA Support

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- 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)

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**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
<b>ISP - Innovation Support Project</b>	RMHP
FAST - Facilitating Alcohol Screening and Treatment	Other (Specify)
Dental	

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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

Practice 2

### 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

1b) Email Address

### 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

2b) Email Address

### Additional Comments and Notes:

*(Optional)*



Submit Request

# Learning Community

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