ADVANCED PRIMARY CARE

September 2023

Advanced Primary Care Request for Information 2.0

Purchaser Business Group on Health

1.0 Introduction

1.1

Purchaser Business Group on Health (PBGH) members include the largest public and private purchasers of health care in the U.S. Collectively, these organizations spend roughly $350 billion annually buying health care for employees and families.

For the past three years PBGH members have come together to develop consensus standards for advanced primary care. Working with providers, plans and national experts, the group clearly articulated what purchasers expect from the market in a Common Purchasing Agreement, which is endorsed by employers and describes employer priorities, objectives and accountability standards for primary care that can lead to better care at a lower cost.

Because care varies by region and one size does not fit all, in the PBGH Common Purchasing Agreement, employers aimed to be clear and concise but also intentionally flexible to respect regional and other differences in care delivery. However, when PBGH members shared these expectations and principles with their health plan and direct contracting partners, many indicated the need for further specificity about employers' expectations. In response, PBGH and its members have developed a request for information (RFI), which more fully articulates what employers expect and want to pay for.

This RFI is the second release (the first was issued December, 2022) with a focus on gathering more responses and refining the questionnaire based on feedback from participating organizations. We have taken steps to pre-fill some previously provided answers for those who completed the initial version. However, we kindly request that even those who have previously responded to the original version review this new release to answer any revised questions and ensure the accuracy of the pre-populated information.

2.0 Gating Questionnaire

Learn about employer priorities for advanced primary care with a short questionnaire in section 2. Everyone is encouraged to complete the entire request for information, as the questionnaire is not meant to exclude anyone. However, the questions in section 2 will help you quickly assess if your organization aligns with PBGH's Common Purchasing Agreement standards. This will give you the information you need to decide if you want to invest more time and resources into the rest of the request for information.

2.1

For shared near site clinics, please confirm that you are willing to implement alternative payment models* to move away from fee-for-service by checking off payment models that you would be willing to use with employers (check all that would apply).

	Check all that would apply
Cost-plus	
Per employee per month	
Per plan member per month (i.e. all covered employee + dependents)	
Per attributed member per month (i.e. member selected plan regardless of if they used the clinic)	
Per user per month (i.e. attribution occurs after first visit)	
Other, please specify (500 words)	

2.2

For dedicated on-site clinics, please confirm that you are willing to implement alternative payment models* to move away from fee-for-service by checking off payment models that you would be willing to use with employers (check all that would apply).

	Check all that would apply
Cost-plus	
Per employee per month	
Per plan member per month (i.e. all covered employee + dependents)	
Per attributed member per month (i.e. member selected plan regardless of if they used the clinic)	
Per user per month (i.e. attribution occurs after first visit)	
Other, please specify (500 words)	

*Alternative payment models are new approaches to pay for medical care, not fee-for-service, that is instead designed to pay for delivering high-quality, cost-effective care. More information about alternative payment models can be found here: https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf

2.3

Which are the top 2 alternative payment model* methodologies that your organization has the most experience with administering currently for either near site or on-site clinics.

	Check 2
Cost-plus	
Per employee per month	
Per plan member per month (i.e. all covered employee + dependents)	
Per attributed member per month (i.e. member selected plan regardless of if they used the clinic)	
Per user per month (i.e. attribution occurs after first visit)	
Other, please specify (500 words)	

2.4

What type of risk-based performance payment structure would your organization be willing to engage in within the next year?

	Check all that would apply
Performance guarantees based on standards set in Common Purchaser Agreement	
Incentive programs based on performance on quality measures	
Shared savings model based on total cost of care (Upside only)	
Two-sided risk sharing (up and down risk) based on total cost of care	
Other, please specify (500 words)	

2.5

Which are the top 2 risk-based performance payment structures that your organization has the most experience with or prefer based on current arrangements.

	Check 2
Performance guarantees based on quality and access (downside)	
Incentive programs based on performance on quality measures (upside only)	
Shared savings model based on total cost of care (upside only)	
Two-sided risk sharing (up and down risk) based on total cost of care	
Other, please specify (500 words)	

*Alternative payment models are new approaches to pay for medical care, not fee-for-service, that is instead designed to pay for delivering high-quality, cost-effective care. More information about Alternative payment models can be found here: https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf

2.6

Which of these metrics* would your organization be able to provide purchasers and at what interval would you be able to provide it within 1 year of signing a contract?

Asthma Medication Ratio (NQF 1800)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Breast Cancer Screening (NQF 2372)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Childhood Immunization Status (NQF 0038)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Controlling High Blood Pressure (NQF 0018)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Colorectal Cancer Screening (NQF 0034)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Diabetes HbA1c Poor Control (>9%) (NQF 0059)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Cervical Cancer Screening (NQF 0032)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Immunizations for Adolescents (NQF 1407)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

*(Exactly as defined by NQF with the exception of using CPT codes being used for the denominator. Instead, any outpatient primary care visit should be included in denominator. Please look up NQF definition for details.)

Depression Screening and Follow-Up for Adolescents and Adults (DSF)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Depression Remission or Response for Adolescents and Adults (DRR-E)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Patient Experience (CG-CAHPS) (NQF 0005)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Patient-Centered Primary Care Measure (PCPCM)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Net Promoter Score (if unable to provide CG-CAHPS or PCPCM)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

2.7

At what level could you stratify the available measures outlined above, assuming there is a minimum denominator of 30 individuals prior to reporting?

	Check all that would apply
Total patient population overall	
By employer for all clinics (national)	
By employer population for 1 region	
By employer population for an individual clinic location	
By employer population for a single attributed clinician	
Stratified by Race, Ethnicity and Language Preference for the requesting employer population	
Stratified by Sexual Orientation and Gender Identity for the requesting employer population	
Unable to provide at employer level	

2.8

What is your standard behavioral health staffing model (defined as the majority of clinics have access, or if no majority exists, then a plurality of clinics has access to this staffing model), either through in-person or virtual care, that is integrated into the majority the primary care practice? (see definition below if needed).*

	Check all that would apply
Psychiatric/Mental Health Advanced Practice Practitioner (Nurse Practitioner or Physician Assistant)	
Psychologist	
Masters-level counselors and therapists, such as LPC, LMFT, LCADAC	
Clinical Social workers such as MSW, LICSW, LCSW, ACSW	
None of the above, we refer out for mental health needs	

*We are defining integrated mental health defined by behavioral health clinicians that are thoroughly integrated into established procedures, team, and information systems, or co-located in the same clinic as primary care clinicians, to allow for development of a coordinated care plan between primary care and behavioral health.

2.9

How often would you be able to provide reports to employers on average lead time to next third available appointment (measured at least once a week) for the following (check all that would apply).

New Patient Primary Care	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Established Patient Primary Care	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Acute/Urgent Care)	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Virtual/Telemedicine Primary Care Visit	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Behavioral Health New Patient Appointment	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

Behavioral Health Established Patient	Check all that would apply
Monthly	
Quarterly	
Annually	
Unable to provide	

2.10

At what level would you be able to provide reports to employers on the reports on average weekly lead time to next third available appointment for the following?

New Patient Primary Care	Check all that would apply
Total book of business	
By region	
By clinic location	
Unable to provide regular reports on this	

Established Patient Primary Care	Check all that would apply
Total book of business	
By region	
By clinic location	
Unable to provide regular reports on this	

Acute/Urgent Care)	Check all that would apply
Total book of business	
By region	
By clinic location	
Unable to provide regular reports on this	

Virtual/Telemedicine Primary Care Visit	Check all that would apply
Total book of business	
By region	
By clinic location	
Unable to provide regular reports on this	

Behavioral Health New Patient Appointment	Check all that would apply
Total book of business	
By region	
By clinic location	
Unable to provide regular reports on this	

Behavioral Health Established Patient	Check all that would apply
Total book of business	
By region	
By clinic location	
Unable to provide regular reports on this	

2.11

Would you be willing to implement an employer identified third party vendor, or other employer identified strategy to ensure high quality referrals if asked to by the employer?

Yes ○ No ○

2.12

To be evaluated as a potential advanced primary care solution by employers who are using this data, each organization would need to fill out the rest of the RFI below. Please Indicate if you would like to continue at this time. Of note, if you answer no, then you can submit your current answers and exit out of the RFI. If anything changes in the future, you will be able to return to this question at a future time, change your answer, and be given access to the rest of the questions below.

Yes ○ No ○

3.0 General Questionnaire (For Organization as a whole)

This PBGH Advanced Primary Care RFI builds off the principles outlined in the PBGH Common Purchasing Agreement and is intended to be used by purchasers interested in making advanced primary care available for their employees. Unlike traditional RFIs and RFPs, this survey focuses on and assesses provider-level outcomes. The outcome metrics requested in this RFI will help us assess the quality-of-care practices delivered to patients. The sections below outline the essential components of advanced primary care that employers are seeking in the market as defined in the PBGH Common Purchasing Agreement. They will also enable you to assess how your organization's capabilities align with each of those components. Let us know which markets you are currently operating in and where you want to connect with interested employers. This will enable us to gather market-specific information to determine regional alignment with the Common Purchasing Agreement.

3.1 Organizational Composition, Demographics and Network

Purchasers expect provider organizations to be comprehensive in their approach to managing patient health outcomes, psychosocial needs and the total cost of care. Purchasers want to support payment strategies that flexibly meet patient needs and maintain affordable access for their employees and families by promoting alternative payment models and population-based payments that enable high-value care. Purchasers also desire that the portion of payment directed to primary care is adequate to support integrated delivery of care, including behavioral health support, care coordination and health equity. These questions are to get a general sense of the organization. Please note that activities must be in place by the date of submission or clearly noted that it is a future activity that will be implemented on specific date noted in your response.

3.1.1

Please download, complete and re-attach PBGH APC RFI 2.0 Participant Agreement_FINAL.docx as Attachment 1 the Attestation of Accuracy and Commitment form with the signature of CEO and/or responsible person for completion of this questionnaire.

- ◯ Completed and attached
- ◯ Not provided

3.1.2 Organization Information

Name of Organization	Tax ID
Date Organization Founded	**Website Address**

3.1.3 Content and Organization Info

Complete the table below for the individuals specified and lead contacts. Please include in this list the CEO and Chief Medical Officer.

	Name	Title	Number of years in this role	Email	Telephone
Main Contact					
Secondary Contact					
CEO					
Chief Medical Officer					

3.1.4

Please download, complete and re-attach PBGH RFI Attachment 2.xlsx as Attachment 2 a listing of clinic addresses, by market, of the clinics that are providing primary care or ancillary services (mental health, nutrition, pharmacist, and/or physical wellness such as physical therapy/chiropractor services). Please include:

- National Provider Identifier (NPI)
- Practice name
- Provides Primary Care, Ancillary Services (as defined above) or both
- Sees pediatrics, adults, or both
- Physician, Advanced Practice Practitioner, or Both (or neither for certain ancillary services only)
- Clinic Address
- Clinic City
- Clinic State
- Clinic Zip Code
- Telehealth availability (Y/N)
- On-site (or coordinated virtual) Behavioral health availability (Y/N)
- On-site (or coordinated virtual) Nutritionist (Y/N)
- On-site (or coordinated virtual) Pharmacist (Y/N)
- On-site (or coordinated virtual) Physical Wellness (i.e. Physical therapy and/or chiropractor) (Y/N)
- Approximately how many more patients can be attributed to this clinic with the current staffing model (for primary care only)?
- Is this address for a primarily Virtual Primary Care Practice (i.e. does not see patients in person) (Y/N)

◯ **Completed and Attached**

◯ **Not Provided, Explain (500 word limit)**

3.1.5 Accreditation

Please review the following third-party certifications/ accreditations and select those that apply and are still current at time of submission of response.

PBGH does not seek to duplicate requirements of other certification programs and will honor the designations below to the extent that they reflect member priorities. We will also honor regional certification programs that include similar performance metrics.

	Does your organization have any clinics that meet this accreditation?
AAAHC (American Association for Ambulatory Health Care) Accreditation for Primary Care	◯ Yes ◯ No
AAHC Medical Home On-Site Certification	◯ Yes ◯ No
AAHC Medical Home Accreditation	◯ Yes ◯ No
NCQA PCMH Level 1	◯ Yes ◯ No
NCQA PCMH Level 2	◯ Yes ◯ No
NCQA PCMH Level 3	◯ Yes ◯ No
NCQA ACO Level 1	◯ Yes ◯ No
NCQA ACO Level 2	◯ Yes ◯ No
NCQA ACO Level 3	◯ Yes ◯ No

Other (describe, 500 word limit)

3.1.6

Please provide an overview of the organization responding to this assessment — e.g., number of primary care practices within organization, other groups, hospitals, geography, if organization is a direct primary care entity, etc.

Overview of your organization (500 word limit)

Ownership of organization, including investor relationships

Are more than 90% of your primary care clinicians fully employed by your organization (as opposed to 1099 contract or locums tenens contracts)?

- ◯ Yes
- ◯ No

Would you be willing to share your organization's financial statements with an employer at a future time (under agreed upon NDA) during the evaluation process?

- ◯ Yes
- ◯ No

What is your maximum general liability insurance coverage?

$ Dollar Amount

- ◯ Will not disclose this information
- ◯ Would be willing to share at a future time (under agreed upon NDA) during evaluation process

3.1.7

Please select the markets (defined by a Metropolitan Statistical Area or Combined Statistical Area if your organization's presence extends beyond one Metropolitan Statistical Area), that your organization currently is serving patients with existing clinics or virtual services. There are additional questions specific to each market that will become available once you select the market:

- ◯ Arlington/DC Metro, VA,
- ◯ Dallas, TX,
- ◯ Denver, CO,
- ◯ Houston, TX
- ◯ Los Angeles, CA
- ◯ New York-Newark, NY/NJ
- ◯ Oklahoma City, OK
- ◯ Orlando, FL
- ◯ Phoenix/Mesa, AZ
- ◯ San Antonio, TX
- ◯ San Diego, CA
- ◯ San Francisco/Bay Area, CA
- ◯ Seattle/Puget Sound, WA
- ◯ St. Louis, MO
- ◯ Other, please list in following question

3.1.8

Please list out other markets that you want to make us aware you are presently in, or that you plan to be in within the next year. Although we will not be asking additional questions about these markets at this time, we will use this as a way to keep track of who we should contact if we plan to expand our efforts to these areas sooner than anticipated.

Other Markets

3.1.9

Please complete the following information regarding your services and capabilities.

Feature		Answer
Are any of your clinics open to the public as well (as opposed to being onsite or near-site clinics through employer contracts only)? (Yes/No)		
APC Structure includes:	On-demand access (outside of traditional hours of Monday through Friday 8am – 5pm) (Yes/No)	
	Able to dispense medications on-site (Yes/No/Virtual practice only)	
	Member App for easy access to care team (Yes/No)	
	Which ways can patient access the primary care team? (check all that apply) ◯ **In-person** ◯ **Phone** ◯ **Virtual** ◯ **SMS/Text Message** ◯ **Asynchronous Patient Portal Messaging (web or phone app)**	
	EHR system (provide system name, 500 word limit)	
	Are all patients able to interact with clinicians in their preferred language (either through members of the care team or a translator)? (Yes/No/Do not track)	
	Is diversity training given to all staff within one year of employment? (Yes/No)	
	Is motivational interviewing training given to all clinical staff within one year of employment? (Yes/No)	
	On-site lab draw (Yes/No/Virtual practice only)	
	Vaccines/immunizations on-site (Yes/No/Virtual practice only)	
	Cervical Cancer Screening on-site (Yes/No/Virtual practice only)	
	Physical Wellness team (Physical therapy or Chiropractor) as part of the team (Yes/No)	
	Nutritionist as part of the team (Yes/No)	
	Social Worker or other dedicated staff to address needs identified in social determinants of health screening as part of the team (Yes/No)	
	Integrated Pharmacist as part of team (Yes/No)	
	Other (please describe, 500 word limit)	

Feature		Answer
Financial:	Can send claims (Yes/No)	
	Can support a capitated approach (Yes/No)	
	Membership fee applies (Yes/No – indicate amount)	
	Have you previously integrated with health plan carriers to process claims and check deductibles for patients with High Deductible Health Plans?(Yes/No)	

3.1.10
Expertise: briefly describe what your clinics are known for and how you differentiate from your competitors. (500 word limit).

3.1.11
Do you currently have access to total cost of care data for your patients? If no, what are your plans to gain access to manage total cost of care? (If none, leave blank, otherwise please describe the plan including the timeline of when it will be implemented).

◯ Yes ◯ No **If No, Explain (500 words)**

3.1.12
Do you currently have access to emergency room visit data for your patients? If no, what are your plans to gain access to help decrease unnecessary emergency room visit rates? (If none, leave blank, otherwise please describe the plan including the timeline of when it will be implemented).

◯ Yes ◯ No **If No, Explain (500 words)**

3.1.13
Do you currently have access to in-patient/hospital utilization for your patients? If no, what are you plans to gain access to decrease avoidable in-patient hospital stays? (If none, leave blank, otherwise please describe the plan including the timeline of when it will be implemented).

◯ Yes ◯ No **If No, Explain (500 words)**

3.2 Whole-Person health and Well-Being
Patients receive care and services with a view towards whole person health and well-being. Screening and care for behavioral and social needs are integrated into their primary care visit. The provider offers support to address lifestyle issues or stressors that impact overall well-being and can coordinate with the resources offered through the employer and/or health plan. Care teams identify anticipated care needs, offer additional support and identify community resource

3.2.1
Do you integrate with health plans or employers' digital solutions for well-being or behavioral health? If so, what is that process of integration?

◯ Yes ◯ No **If Yes, explain the process of integration (500 words)**

3.2.2
What are your strategies and approaches for re-engaging with individuals who have dis-engaged with their well-being goals?

3.2.3

Please indicate if you monitor, at a clinician level, compliance with these USPTF (United States Preventive Services Task Force)† A and B recommended preventive services:

Topic	Description	Yes	No	We do not provide care for this patient population
Rh(D) Incompatibility: Screening: pregnant women, during the first pregnancy-related care visit	The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.			
Rh(D) Incompatibility: Screening: unsensitized rh(d)-negative pregnant women	The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.			
Breast Cancer: Screening: women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.†			
Breastfeeding: Primary Care Interventions: pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.			
Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication: women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 ug) of folic acid.			
Preeclampsia: Screening: pregnant woman	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.			
Breastfeeding: Primary Care Interventions: pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.			
Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication: women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 ug) of folic acid.			
Preeclampsia: Screening: pregnant woman	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.			
Obesity in Children and Adolescents: Screening: children and adolescents 6 years and older	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.			
Vision in Children Ages 6 Months to 5 Years: Screening: children aged 3 to 5 years	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.			

†https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

Topic	Description	Yes	No	We do not provide care for this patient population
Skin Cancer Prevention: Behavioral Counseling: young adults, adolescents, children, and parents of young children	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.			
Falls Prevention in Community-Dwelling Older Adults: Interventions: adults 65 years or older	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.			
Osteoporosis to Prevent Fractures: Screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.			
Osteoporosis to Prevent Fractures: Screening: postmenopausal women younger than 65 years at increased risk of osteoporosis	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. See the Clinical Considerations section for information on risk assessment.			
Cervical Cancer: Screening: women aged 21 to 65 years	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.			
Syphilis Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends early screening for syphilis infection in all pregnant women.			
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions: adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.			
Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening: women of reproductive age	The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. See the Clinical Considerations section for more information on effective ongoing support services for IPV and for information on IPV in men.			
Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.			

Topic	Description	Yes	No	We do not provide care for this patient population
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.			
Perinatal Depression: Preventive Interventions: pregnant and postpartum persons	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.			
Human Immunodeficiency Virus (HIV) Infection: Screening: adolescents and adults aged 15 to 65 years	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. See the Clinical Considerations section for more information about assessment of risk, screening intervals, and rescreening in pregnancy.			
Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons	The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.			
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis: persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.			
Hepatitis B Virus Infection in Pregnant Women: Screening: pregnant women	The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit			
BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing: women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with brca1/2 gene mutation	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.			
Breast Cancer: Medication Use to Reduce Risk: women at increased risk for breast cancer aged 35 years or older	The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.			
Asymptomatic Bacteriuria in Adults: Screening: pregnant persons	The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.			

Topic	Description	Yes	No	We do not provide care for this patient population
Abdominal Aortic Aneurysm: Screening: men aged 65 to 75 years who have ever smoked	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.			
Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.			
Tobacco Use in Children and Adolescents: Primary Care Interventions: school-aged children and adolescents who have not started to use tobacco	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.			
Unhealthy Drug Use: Screening: adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)			
Sexually Transmitted Infections: Behavioral Counseling: sexually active adolescents and adults at increased risk	The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). See the Practice Considerations section for more information on populations at increased risk for acquiring STIs.			
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions: adults with cardiovascular disease risk factors	The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.			
Hepatitis B Virus Infection in Adolescents and Adults: Screening: adolescents and adults at increased risk for infection	The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection. See the Practice Considerations section for a description of adolescents and adults at increased risk for infection.			
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: pregnant persons	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.			
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)—approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.			

Topic	Description	Yes	No	We do not provide care for this patient population
Lung Cancer: Screening: adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.			
Hypertension in Adults: Screening: adults 18 years or older without known hypertension	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.			
Colorectal Cancer: Screening: adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.			
Colorectal Cancer: Screening: adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.			
Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions: pregnant persons	The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.			
Gestational Diabetes: Screening: asymptomatic pregnant persons at 24 weeks of gestation or after	The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.			
Prediabetes and Type 2 Diabetes: Screening: asymptomatic adults aged 35 to 70 years who have overweight or obesity	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.			
Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.			
Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons	The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.			

Topic	Description	Yes	No	We do not provide care for this patient population
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: pregnant persons at high risk for preeclampsia	The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. See the Practice Considerations section for information on high risk and aspirin dose.			
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.			
Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.			
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication: adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (cvd) risk of 10% or greater	The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.			
Syphilis Infection in Nonpregnant Adolescents and Adults: Screening: asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.			
Anxiety in Children and Adolescents: Screening: children and adolescents aged 8 to 18 years	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.			
Depression and Suicide Risk in Children and Adolescents: Screening: adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.			
Latent Tuberculosis Infection in Adults: Screening: asymptomatic adults at increased risk of latent tuberculosis infection (ltbi)	The USPSTF recommends screening for LTBI in populations at increased risk. See the "Assessment of Risk" section for additional information on adults at increased risk.			
Depression and Suicide Risk in Adults: Screening: adults, including pregnant and postpartum persons, and older adults (65 years or older)	The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults.			
Anxiety Disorders in Adults: Screening: adults 64 years or younger, including pregnant and postpartum persons	The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.			

3.2.4

How frequently is performance information and benchmarking on preventive care measures provided to primary care providers?

- ◯ Annually
- ◯ Quareterly
- ◯ Monthly
- ◯ On Demand

Other, describe (500 word limit)

3.3 Coordinated Care, Risk Stratification and Care Management

Patients know and receive care from a primary care provider who is supported by members of an interdisciplinary care team, such as a medical assistant, nurse, pharmacist, psychiatrist, health coach or community health worker. Under the direction of the primary care provider, care team members communicate and coordinate across the team to address patients' needs and provide care appropriate to their training and expertise.

3.3.1

Do you risk stratify your patients for tiered outreach approaches? If yes, please describe your methodology to identify high risk patients and the differential outreach strategies taken based on risk.

◯ Yes ◯ No

If Yes, Explain (500 word limit)

3.3.2

Please describe any current or planned implementation of a collaborative care model of behavioral health and/or a primary care behavioral health model. Please include processes for quality assurance and triage and referral. Please describe your use of measurement-based care, evidence-based care and behavioral health provider network structure (including if providers are directly employed or contracted). 500 word limit.

3.4 Employee/Patient Engagement and Activation

Care is designed around the needs and priorities of patients and families, encourages patient and family participation in improvement efforts and incorporates feedback. Patients share preferences and goals of treatment, engage in shared decision making with their care team and feel their choices are respected, integrated into care plans and takes into account community-based resources.

3.4.1

Do you engage with patients to achieve health related behavior change between clinic visits, if yes, please describe how you engage with patients to achieve lifestyle modification between clinic visits, including any tools used, and if there are specific disease, demographic, healthcare utilization, or lifestyle focuses for which these interventions are specifically utilized.

◯ Yes ◯ No If Yes, Explain (500 words)

3.5 Health Outcomes

Purchasers desire high performance clinical outcomes and a seamless patient experience. The Advanced Primary Care Measure Set is designed to focus on a parsimonious set of metrics where high performance reflects a whole-person health strategy, patient access, effective patient engagement and deployment of care coordination resources, use of a high performing referral network and supportive investments in health information technology. Given health care's regional specificity, questions specific to the Advanced Primary Care Measure Set will be asked by market in the market specific sections below. These questions represent general organizational processes to enable or demonstrate positive health outcomes.

3.5.1 Practice Performance and Measurement

3.5.1.1

Please include a copy of your organization's roadmap, if it exists, for overall performance improvement and managing total cost of care (TCOC) and trend as Attachment 3.

◯ Attached
◯ Not Provided

3.5.1.2

Do you have samples of annual QI reports, dashboards or other relevant documents? If yes, please combine samples your organization would like to share and include as Attachment 4.

◯ Yes, Attached
◯ No

3.5.2 Clinical Outcomes and Patient Experience

3.5.2.1

Do you have data on your observed impact (with some numbers if possible) on multiple sources of downstream costs (e.g., observed reduction/increase in hospitalizations, behavioral health and other specialty cost, ER visits, drugs)? If yes, please include any helpful reports and studies if available.

◯ Yes ◯ No **If Yes, Explain (500 words)**

3.5.2.2

Do you include metrics of impact on downstream costs in your employer contracting arrangements? If so, please detail which metrics are included.

◯ Yes ◯ No **If Yes, Explain (500 words)**

3.5.2.3

Do you have specific actions that are taken with patients with high rates of avoidable specialty care utilization or who have frequent and/or avoidable ED visits? If so, please describe how this subgroup of patients is identified, and the targeted interventions taken.

◯ Yes ◯ No **If Yes, Explain (500 words)**

3.5.2.4

Do you have specific actions that are taken with providers with high rates of specialty referral and/or outlier costs? If so, please describe how this subgroup of patients is identified, and the targeted interventions taken.

◯ Yes ◯ No **If Yes, Explain (500 words)**

3.5.2.5

If you have access to emergency room, Urgent Care, and/or In-Patient/Hospitalization data, is your follow-up for visits related to mental health different than for other visits? If so, explain.

◯ Yes ◯ No **If Yes, Explain (500 words)**

◯ **Do not currently have access to this data**

3.6 Health Equity

Patients receive and experience care services and health outcomes that do not vary in quality or access due to personal characteristics, such as gender, race, ethnicity, language, socioeconomic status or sexual orientation/gender identity. Primary care teams proactively monitor their care to identify, eliminate and prevent care and health disparities and ensure they practice care with cultural humility.

3.6.1

Describe your organization's approach to improving health equity and reduction of care disparities. (500 word limit)

3.6.2

Complete the tables below with respect to how information is captured for your patients.

	Self-report	Staff assignment	Other (describe, 500 word limit)
Race, ethnicity and/or language data (REAL)			
Sexual orientation and gender identify (SOGI)			

	Percent	Do not track this number
For what percentage of your patients is race data documented in the medical record? (Unknown should be considered "not documented")		
For what percent of your patients is ethnicity documented in the medical record? (Unknown should be considered "not documented")		
For what percent of your patients is language documented in the medical record? (Unknown should be considered "not documented")		
For what percent of your patients is sexual orientation documented in the medical record? (Unknown should be considered "not documented")		
For what percent of your patients is gender identity documented in the medical record? (Unknown should be considered "not documented")		

3.6.3

Report the rates below for specific categories of needs identified (NCQA Social Need Screening and Intervention (SNS-E)) based on the previous year (January 1, 2022 to December 31, 2022).

	Percent	Do not track this number
What percentage of patients (of those seen) are screened for social determinants of health?		
Food screening: The percentage of members who were screened for unmet food needs		
Food intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet food needs		
Housing screening: The percentage of members who were screened for unmet housing needs		
Housing intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs		
Transportation screening: The percentage of members who were screened for unmet transportation needs		
Transportation intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet transportation needs		

3.6.4

What is your organization's strategy to ensure culturally competent and appropriate care for patients for diverse patient populations in terms of race, ethnicity, gender, sexual orientation and languages spoken? (500 word limit)

3.6.5

What are your hiring strategies that enable your practice to culturally represent the community in which you serve? (500 word limit)

3.6.6

In order to help employees identify providers with whom they would like to establish care, would you be willing to provide employers, at the point of contract, a list of providers and the following characteristics that employers could share with their employees:

Provider Demographic	Yes	Do not have access to this information	Will not disclose this information,	Already available on our website or patient portal
Gender				
Race				
Ethnicity				
Languages Spoken				
LGBTQ+ Health Focus/Specialization				
Ability to accept new patients				

3.6.7

Are there any additional equity improvement efforts that have been implemented to improve equitable care, experiences, and outcomes?

◯ Yes ◯ No

If Yes, Explain (500 words)

3.6.8

Do you currently take actions if a patient is screened positive for a social determinant need?

◯ Yes ◯ No

If Yes, Explain (500 words)

3.6.9

Do you specifically refer to, or have within your practice, doulas or midwifery care? If so, please describe the process that patients access these services.

◯ Yes ◯ No

◯ Do not provide maternal health care

If Yes, Explain (500 words)

3.6.10

Do you have other targeted efforts (besides use of doulas or midwifery care) to support maternal health? If so, please describe those efforts.

◯ Yes ◯ No

If Yes, Explain (500 words)

3.7 Access - After Hours Access and Virtual Care Options

Patients get the right care, at the right time with a care team that is familiar with their needs. Accessible care includes same-day care for urgent needs through in-person and virtual services with their care team, care provider availability after appointment hours, secure messaging with the team and an online medical record.

3.7.1

Please respond regarding the use and virtual care options for primary care services.

	Percent	Do not track this number
Percentage of virtual patient visits are with their designated primary care provider		
Percentage of total medical patient visits are provided via video or telehealth visits		

3.8 Informed Referrals (Specialty Network, Hospital Services and Prescription Drug Management)

Practices refer to specialists based on their quality and patient experience. Data is shared between primary care and specialty providers. Patients are guided through care transitions between hospitals, emergency care, specialty care and their primary care teams. Patients can navigate across settings with established referral pathways to high-value specialist providers, with which the primary care team exchanges information and coordinates care.

3.8.1 Specialty Network

3.8.1.1

Describe the selection criteria for your specialty referral network. How do you ensure referrals to a high-performance specialty network that manages both cost and quality? Indicate clinical quality outcomes measures in use for specialty provider selection. 500 word limit.

3.8.1.2

Do you use a third-party analytic vendor or consultant for specialty provider curation? If yes, please list organizations and describe measures used and methodology.

◯ Yes ◯ No

If Yes, Explain (500 words)

3.8.1.3

What data sources do your organization currently use to select the highest quality specialists for your patient referrals:

Sources of information used for selection	Check all that would apply
Information from health plan	
Information from CMS Compare	
Information from third-party accreditation source e.g., NCQA, etc., please describe, 500 word limit	
Information from Medical Society	
Defined list from third-party such as business coalition or IPA, etc., please describe, 500 word limit	
Data collected by your provider organization	
Data provided by the specialist organizations	
Other, please describe	

3.8.1.4

What percentage of specialists notes do you input into the health record within 1 month of a specialist appointment?

% ◯ Do not track this regularly

3.8.1.5

What percentage of referrals result in a completed specialist visit?

% ◯ Do not track this regularly

3.8.1.6

Please describe your organization's process for ensuring coordination and continuity between your primary care clinicians and those services for which you refer out. 500 word limit.

3.8.2 Prescription Drug Management

3.8.2.1

Describe the organization's approach to ensuring prescribers are making appropriate prescribing decisions that adhere to clinical best practices (such as those outlined by Choosing Wisely or guidelines outlined by medical societies). 500 word limit.

3.8.2.2

Please complete the following table.

	Percent	Do not track this number
Generic substitution rate		
Biosimilar adoption rate		

3.8.2.3

Does the organization employ any of the following strategies (defined below) to address cost management or appropriateness of utilization?

	No	Yes (500 words)
Does the organization have internal processes or best practices (besides what is enforced by third parties through prior authorizations) to encourage use of a generic or lower-cost alternative prior to Brand or non-preferred brand		
On-site Pharmacist to support providers with prescribing practices/guidelines		
Are clinicians given information about comparative medication costs and alternatives when prescribing to aid in their decision making?		
Does the organization monitor prescribing practices of individual clinicians to identify outliers in terms of cost?		

3.8.2.4

Does the organization have access to 340B pricing? If yes, confirm if pricing and acquisition savings are passed through to the purchaser and patient.

◯ Yes ◯ No

If Yes, Explain (500 words)

3.8.2.5

Does the organization accept financial risk for prescription drug management?

	Yes	No
Standalone prescription drug budget target		
Prescription drug management is part of targeted total cost of care goal		
Other, explain (500 word limit)		

3.9 Health Information Technology and Data Sharing.

Purchasers expect providers to leverage health information technology and electronic medical records to exchange standardized data with health plans and ancillary services **(mental health, nutrition, pharmacist, and/or physical wellness such as physical therapy/chiropractor services)** providers to deliver timely, coordinated care that is high-value and non-duplicative. These tools should also provide information to patients (and caregivers, as appropriate) to facilitate self-care and follow-up.

3.9.1

For your providers, please respond to the following question below.

	Percent	Do not track this number
What % of your primary care physicians use an electronic medical record?		

3.9.2

Does your organization receive the following information from the health plan and with what frequency?

	Real-time	Weekly	Monthly	Quarterly	Do not receive this data from health plan	Other
Medical claims data						
Prescription drug claims data						
Specialty drug and biologics						
Emergency Department admission						
Inpatient admission						
Health screening information (PHQ-9, GAD-7, other)						
Patient-reported outcomes measures						

3.9.3

For your providers, please respond to the following questions below.

For which of the data and reporting areas listed above does your organization conduct further analysis to identify practice variation and benchmark performance at the practice or physician level? (check all that apply)

	Check all that would apply
Medical Claims Data	
Patient-reported outcomes measures	
In-network claims utilization	
Prescription Drug Claims Data	
Health Screening Information (PHQ-9, GAD-7, other)	
Out-of-network claims utilization	
Specialty Drug & Biologics	
Inpatient Admission	
Emergency Department Admission	
Specialty Care Claims Utilization	
Gaps in care reporting (missed preventive screenings or diagnostic testing for chronic condition management)	

Does your organization integrate claims data to inform a patient's medical chart in terms of clinical screenings and hospitalizations?

◯ Yes ◯ No

Are you part of a Regional Health Information Organization or other health information exchange? If yes, please list.

◯ Yes ◯ No **If Yes, List**

What % patients can access an online patient portal (through a web or phone application) to update/review their appointment?

% ◯ No Patient Portal ◯ We have a patient portal but do not track this number ◯ Patient Portal is to be implemented within the next year

What % of patients who have access to a patient portal, actually have an active account (defined as having logged in the last year) using the patient portal?

% ◯ No Patient Portal ◯ Do not track this number

Is online appointment scheduling a part of your patient portal?

◯ Yes ◯ No ◯ No Patient Portal ◯ To be implemented within the next year

What % of your patients have 24/7 access to a care team practitioner that has access to their medical record within your practice?

%

What % of ED visits are followed up by the clinical team (defined as either a message from the clinical team, a visit, or reviewing the clinical note from emergency room to determine appropriate interval of follow-up?)

% ◯ Do not receive ED Visit information to be able to perform this task ◯ Do not track this number but our organization has access to ED visit information

After receiving radiology results what is the standard for turnaround time to notify patients?

◯ Within 24 hours ◯ Within 48 hours ◯ No Standard ◯ Patient are expected to follow-up on their own results unless urgent

◯ Other

After receiving results from labs, tests, etc., what is the standard for turnaround time to notify patients?

◯ Within 24 hours ◯ Within 48 hours ◯ No Standard ◯ Patient are expected to follow-up on their own results unless urgent

◯ Other

3.9.4

Do patients have access to a patient smart-phone application? If yes, please describe the key features.

◯ Yes ◯ No If Yes, Explain (500 words)

3.9.5

What policies and procedures are in place to ensure patients receive urgent radiology or lab results, including the modes of communication and how follow-up occurs for patients who do not respond to initial outreach? 500 word limit.

3.9.6

Do you currently use or have plans to integrate artificial intelligence, machine learning or big data to help improve patient care experience, quality of care, and/or clinician work flows?

◯ Yes ◯ No If Yes, Please describe (500 words)

4.0-16.0 All Regions Questionnaire

The following section represents the questions we will ask for each region you are interested in participating in. We've made these questions available on our online platform for each of the markets you responded to in question 3.1.7.

4.1 - 16.1 Organizational Composition, Demographics and Network

The following are questions about the organization's capacity specific to the market that is being represented. Activities must be in place by the date of submission or clearly noted that it is a future activity that will be implemented on specific date noted in your response.

4.1.1 - 16.1.1

Please provide the following information for the market.

Number of Primary care clinics in region

◯ Virtual Only

Average size of primary care practice (MDs), including Nurse Practitioner and Physician Assistant staffing

◯ Virtual Only

Number of Primary care physicians serving the area (If virtual, please include number of all of the referenced clinicians who are licensed and can serve patients in the State being represented)

Number of Primary care advanced practice practitioners, such as Nurse Practitioners or Physician Assistants (If virtual, please include number of all of the referenced clinicians who are licensed and can serve patients in the State being represented)

Are more than 90% of your primary care clinicians fully employed by your organization (as opposed to 1099 contract or locums tenens contracts)?

◯ Yes ◯ No

List primary supplier(s) for laboratory services in this market

Do you have a relationship with a local medical group, medical system, or hospital where you primarily refer in this market? If so, please list them

◯ Yes ◯ No If Yes, List

4.2 - 16.2 Health Outcomes

As mentioned previously, the Advanced Primary Care Measure set is designed to focus on a parsimonious set of metrics where high performance reflects a whole-person health strategy, patient access, effective patient engagement and deployment of care coordination resources, use of a high performing referral network and supportive investments in health information technology.

4.2.1.1 - 16.2.1.1 Clinical Outcomes and Patient Experiences

For commercial patients in your organization/practice, for the previous calendar year (January 1, 2022 to December 31, 2022), please provide your results for the following measures.

Advanced Primary Care Measure Set/Women's Health	Percentage	Do not measure this number	Do not provide care for this population
Asthma Medication Ratio (NQF 1800)			
Childhood Immunization Status (NQF 0038)			
Colorectal Cancer Screening (NQF 0034)			
Cervical Cancer Screening (NQF 0032)			
Breast Cancer Screening (NQF 2372)			
Controlling High Blood Pressure (NQF 0018)			
Diabetes HbA1c Poor Control (>9%) (NQF 0059)			
Immunizations for Adolescents (NQF 1407)			
Depression Screening and Follow-Up for Adolescents and Adults (DSF)			
Depression Remission or Response for Adolescents and Adults (DRR-E) – Those who do not have a follow-up PHQ-9, but are still eligible patients should be included in the denominator.			
Patient Experience (CG-CAHPS) (NQF 0005)			
Net Promoter Score (if unable to provide CG-CAHPS)			
Patient-Centered Primary Care Measure (PCPCM)			
What % of patients in the last year responded to either CG-CAHPS, NPS question, or PCPCM questionnaire to derive the response above?			

15.2.1.2 (Seattle/Puget Sound, WA Only)

Please complete the following table:

Measure	NQF	Percentage	Do not measure this number	Do not provide care for this population
Child and adolescent Well-Care visits (WCV)	1516			
Antidepressant Medication Management (AMM)	0105			
Follow-up after ED visit for Alcohol and Other Drug Abuse of Dependence (FUA)	3488			

4.3 - 16.3 Behavioral Health Integration

4.3.1 - 16.3.1

For the region specified, describe your behavioral health in-house or coordinated staffing.

	Number embedded (co-located) with primary care practice	Are more than 90% of the providers in this category employed (vs. 1099 contract or locums tenens)	Fill in percentage accepting new patients below. Select NA if you do not currently have this type of provider on staff
Psychiatric/Mental Health Advanced Practice Practitioner (Nurse Practitioner or Physician Assistant),. If virtual, please include # of all referenced clinicians who are licensed and can serve patients in the State being represented.		◯ Yes ◯ No ◯ Do not currently have this type of provider on staff	◯ NA
Psychologist, If virtual, please include # of all referenced clinicians who are licensed and can serve patients in the State being represented		◯ Yes ◯ No ◯ Do not currently have this type of provider on staff	◯ NA
Masters-level counselors and therapists, such as LPC, LMFT, LCADAC, If virtual, please include # of all referenced clinicians who are licensed and can serve patients in the State being represented		◯ Yes ◯ No ◯ Do not currently have this type of provider on staff	◯ NA
Clinical Social workers such as MSW, LICSW, LCSW, ACSW, If virtual, please include # of all referenced clinicians who are licensed and can serve patients in the State being represented		◯ Yes ◯ No ◯ Do not currently have this type of provider on staff	◯ NA

4.3.2 - 16.3.2

Please provide the following information about behavioral health screening for your commercial patients (non-Medicare and non-Medicaid) in this market and how is access to behavioral health care monitored?

Number of attributed patients for your organization in this market

Do not track this number

Number of unique patients seen in the previous year in this market

Do not track this number

What percent of patients with an office visit in the previous calendar year received a PHQ-2 or PHQ-9 or behavioral health assessment?

%

Do not track this number

Do not use PHQ screening routinely

What percent of attributed patients received a PHQ-2 or PHQ-9 or behavioral health assessment in the previous year?

%

Do not track this number

Do not use PHQ screening routinely

What percent of patients with an office visit in the previous calendar year received a GAD-2 or GAD-7 in the previous calendar year?

%

Do not track this number

Do not use GAD screening routinely

What percent of attributed patients received a GAD-2 or GAD-7 in the previous year?

%

Do not track this number

Do not use GAD screening routinely

4.4 - 16.4 Access - After Hours Access and Virtual Care Options

4.4.1 - 16.4.1

Please detail your average appointment availability and wait times for the following appointment types in the requested market:

Acute/Urgent Medical appointment	Time	Do not track information
Average time to 3rd next available appointment (measured at least once a week from January 1, 2023 to June 30, 2023 and reported in hours, 1 day = 24 hours)	(Hours)	
Average in office wait time in minutes, specifically between patient arrival and being roomed (for January 1, 2023 to June 30, 2023)	(Minutes)	
Average in office wait time in minutes, specifically between patient rooming and treatment time (for January 1, 2023 to June 30, 2023)	(Minutes)	
Longest overall wait times in minutes from January 1, 2023 to June 30, 2023	(Minutes)	

Acute/Urgent Medical appointment	Time	Do not track information
Average time to 3rd next available appointment (measured at least once a week from January 1, 2023 to June 30, 2023 and reported in hours, 1 day = 24 hours)	(Hours)	
Average in office wait time in minutes, specifically between patient arrival and being roomed (for January 1, 2023 to June 30, 2023)	(Minutes)	
Average in office wait time in minutes, specifically between patient rooming and treatment time (for January 1, 2023 to June 30, 2023)	(Minutes)	
Longest overall wait times in minutes from January 1, 2023 to June 30, 2023	(Minutes)	

Routine Medical appointment (New Patient)	Time	Do not track information
Average time to 3rd next available appointment (measured at least once a week from January 1, 2023 to June 30, 2023 and reported in hours, 1 day = 24 hours)	(Hours)	
Average in office wait time in minutes, specifically between patient arrival and being roomed (for January 1, 2023 to June 30, 2023)	(Minutes)	
Average in office wait time in minutes, specifically between patient rooming and treatment time (for January 1, 2023 to June 30, 2023)	(Minutes)	
Longest wait times in minutes from January 1, 2023 to June 30, 2023	(Minutes)	

Routine Medical appointment (Existing Patient)	Time	Do not track information
Average time to 3rd next available appointment (measured at least once a week from January 1, 2023 to June 30, 2023 and reported in hours, 1 day = 24 hours)	(Hours)	
Average in office wait time in minutes, specifically between patient arrival and being roomed (for January 1, 2023 to June 30, 2023)	(Minutes)	
Average in office wait time in minutes, specifically between patient rooming and treatment time (for January 1, 2023 to June 30, 2023)	(Minutes)	
Longest overall wait times in minutes from January 1, 2023 to June 30, 2023	(Minutes)	

Routine behavioral health (MH/SUD) appointment	Time	Do not track information
Average time to 3rd next available appointment (measured at least once a week from January 1, 2023 to June 30, 2023 and reported in hours, 1 day = 24 hours)	(Hours)	
Average in office wait time in minutes, specifically between patient arrival and being roomed (for January 1, 2023 to June 30, 2023)	(Minutes)	
Average in office wait time in minutes, specifically between patient rooming and treatment time (for January 1, 2023 to June 30, 2023)	(Minutes)	
Longest overall wait times in minutes from January 1, 2023 to June 30, 2023	(Minutes)	

4.4.2 - 16.4.2

Please provide information about current access to care within this market

Same day virtual (video or phone) appointments

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Same day appointments

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Walk-ins

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Phone consultations

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Other (virtual consultation) with in-house team (not outsourced)

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Group office visits on care management or chronic condition(s)

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Extended weekday hours (outside of Monday through Friday, 8am-5pm)

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Weekend hours

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Home health visit

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

After hours call back by clinical care team member

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Secure E-mail or messaging through patient portal for lab results, prescription refills, etc.

Is this available?

◯ Yes ◯ No

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Other

Please explain. 500 word limit.

Percent of primary care practices in market that are offering this service

% ◯ Do not track this number

Details such as standard response time, what are the extended hours, conditions for group visits, languages, planned expansion, etc. 500 word limit. (Optional).

Authors and Reviewers

We would like to thank the members of PBGH who have contributed their time and talents to develop new standards for advanced primary care and address barriers to their achievement. Special thanks to Linda Brady of Boeing for leading this effort.

Elizabeth Mitchell, President and CEO,
Purchaser Business Group on Health

PBGH Purchaser Business Group on Health