Comprehensive Primary Care Plus (CPC+) Baseline Learning Assessment

To capture your practice's baseline capabilities and your planned activities, we are asking you to complete the CPC+ Baseline Learning Assessment. The information from this short assessment will inform the development of CPC+ learning activities and resources to help you improve your care delivery.

Please complete all of the questions in the Baseline Learning Assessment and submit your responses no later than January 18, 2017. Your assessment responses should relate only to the identified practice or practice site participating in CPC+.

Each CPC+ practice should submit one CPC+ Baseline Learning Assessment. You are encouraged to complete the assessment for each practice in collaboration with other practice staff and practitioners. This collaboration will engage your interdisciplinary team early on in your CPC+ participation and guide you through a basic structured assessment of the practice. While multiple individuals within the practice may receive an email invitation from CMS, the team should work together to complete and submit only one assessment per practice.

If you serve as the point of contact for multiple practices, please work with the staff and practitioners in each practice to submit one assessment for each CPC+ Practice ID separately. If necessary, you may forward the invitation email that contained the assessment link to the appropriate points of contact at each site with a unique CPC+ Practice ID.

The assessment will take approximately 45 to 60 minutes to complete. The assessment will ask you to identify when you are planning to implement specific changes in your practice: within the next 6 months; the next 6-12 months; already in place; or not a priority. Changes are grouped around the following areas:

1. **Access and Continuity**
2. **Planned Care and Population Health**
3. **Comprehensiveness and Coordination**
4. **Patient and Caregiver Engagement**
5. **Targeted Care Management**
6. **Use of Enhanced, Accountable Payment**
7. **Continuous Improvement Driven by Data**
8. **Optimal Use of Health IT**

Your responses to this Baseline Learning Assessment will have no impact on your practice's payment or participation in CPC+. However, your responses will inform the development of CPC+ learning activities and resources that meet the needs of CPC+ practices.
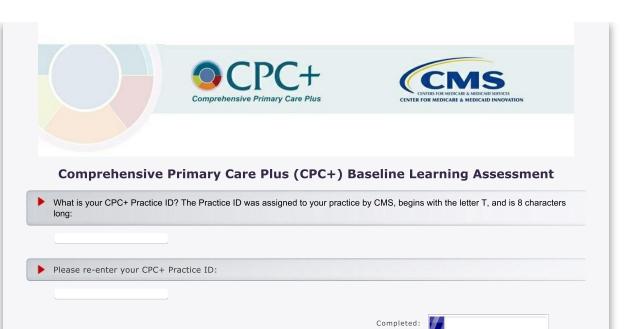
Thank you in advance for your thoughtful responses.

If you have any questions regarding the Baseline Learning Assessment, please contact the CPC+ Support by emailing CPCPlus@telligen.com or by telephone at 1-888-732-3280.

Baseline Learning Assessment Tips:

- Answer questions to the best of your ability by clicking on the response that best matches when you are planning to implement specific changes in your practice.
- Engage your team to identify the most appropriate answer for your practice.
- If you are the point of contact for multiple sites, you may want to engage personnel from each site that is represented in the assessment. You can forward the email invitation to other points of contact to complete assessments for other CPC+ practices for whom you are the CPC+ contact.
    - If you are completing assessments for multiple practices, we recommend that you complete the assessment for one Practice ID, submit the assessment, close the browser window, and then re-open a new window using the assessment link in your invitation email. You may now enter the assessment responses associated with a different Practice ID.
- The Baseline Learning Assessment should be completed in a single sitting; you will not be able to return to the assessment once you have closed your browser window. You may use the printable PDF version of the assessment offline to ensure you have gathered all the appropriate information before starting the assessment.
- Respond only as it relates to the identified practice or practice site participating in CPC+.
- Click "Next" at the end of each page to move forward through the Baseline Learning Assessment; you can only click "Next" when all question on the page have been answered. Use the navigation tabs (e.g., Introduction, 2, 3) at the bottom of the screen if you would like to move through the assessment before answering all of the questions. You will not be able to submit the assessment until all questions are answered.
- Click "Back" at the end of each page to return to a previous page.
- The assessment will automatically save your answers as you proceed through the questions.
- We recommend that you complete the Baseline Assessment on a computer instead of a mobile phone or tablet for ease of use.
- Select "Submit" at the end of the Baseline Learning Assessment to submit your answers. Once you submit your answers, you will not be able to change them.

Completed:

Introduction	2	3	4	5	6	7	8	9	10	Last

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▶ What is your CPC+ Practice ID? The Practice ID was assigned to your practice by CMS, begins with the letter T, and is 8 characters long:

▶ Please re-enter your CPC+ Practice ID:

Completed:

| Introduction | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Last |

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ACCESS AND CONTINUITY

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Empanel all your patients to a care team and/or practitioner	○	○	○	○
Increase access through expanded hours, same-day access, or alternate visit types (e.g., e-visits, phone visits, group visits, home visits, or visits to alternate sites such as Assisted Living Facilities or Senior Centers)	○	○	○	○
Implement and/or enhance use of a patient portal	○	○	○	○
Improve continuity between the patient and practitioner and/or care team	○	○	○	○

Completed:

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PLANNED CARE AND POPULATION HEALTH

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Use registry and/or electronic health record (EHR) reports to help in the management and care of patients with chronic conditions	○	○	○	○
Use protocols to help in the management and care of patients with chronic conditions	○	○	○	○
Integrate a pharmacist in your care team for medication management	○	○	○	○
Organize your practice around team-based care	○	○	○	○

Completed:

COMPREHENSIVENESS AND COORDINATION

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Use Care Compacts or formal agreements with specialists or community-based organizations to better coordinate care	○	○	○	○
Integrate behavioral health professionals into your care team(s)	○	○	○	○
Integrate behavioral health resources from the community into your care delivery	○	○	○	○
Develop a relationship-based care management approach with patients with an identified mental health condition	○	○	○	○
Co-locate a behavioral health professional to address serious mental illness in your practice	○	○	○	○
Systematically use tools and questions to assess patients' psychosocial needs	○	○	○	○
Conduct and maintain an inventory or access a database of community-based services to support patients' psychosocial needs	○	○	○	○
Coordinate with hospital Emergency Departments and Urgent Care to improve flow of information	○	○	○	○

Completed: ▨▨▨▨

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PATIENT AND CAREGIVER ENGAGEMENT

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Build more capability for self-management support (e.g., training of staff)	○	○	○	○
Develop a Patient and Family Advisory Council (PFAC)	○	○	○	○

Completed:

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TARGETED CARE MANAGEMENT

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Develop and/or refine your risk stratification methodology and workflows	○	○	○	○
Use care plans for high-risk patients or to manage patients with chronic conditions	○	○	○	○
Develop and/or refine care management workflows (e.g., relationship-based longitudinal, episodic transitional care management)	○	○	○	○
Manage patient transitions between hospital, nursing facility, and home	○	○	○	○
Manage transitions after Urgent Care or Emergency Department visit	○	○	○	○

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USE OF ENHANCED, ACCOUNTABLE PAYMENT

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Align your productivity metrics and compensation strategies with comprehensive primary care	○	○	○	○
Refine your budgeting and planning process to support comprehensive primary care	○	○	○	○

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CONTINUOUS IMPROVEMENT DRIVEN BY DATA

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Develop or refine panel-level scorecards	○	○	○	○
Use payer data (e.g., CMS Feedback Report or other payer reports) to guide practice changes	○	○	○	○
Increase your analytic capability to manage population health	○	○	○	○

Completed:

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USE OF HEALTH IT

▶ Please tell us when you are planning to implement the following changes in your practice:

	Within first 6 months	6-12 months	Already in place	Low priority for first year
Develop processes to exchange patient information to support care using Health Information Exchange (HIE)	○	○	○	○
Develop and/or refine the capability for practice- and panel-level reporting of Clinical Quality Measures (CQMs) from the EHR	○	○	○	○

Completed:

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▶ Name of the individual completing the assessment:

▶ Role or title of the individual completing the assessment:

▶ Email address of the individual completing the assessment:

▶ Were other individuals from the practice involved in responding to the assessment?

○ Yes   ○ No

Completed: