New Mexico Primary Care Alternative Payment Model Readiness Survey

Introduction and Purpose

Welcome to the Primary Care Alternative Payment Model (APM) Readiness Survey. This tool was developed by the New Mexico Primary Care Council (PCC), the New Mexico Human Services Department (HSD), and the State's national partner, Health Management Associates.

The 2021 New Mexico House Bill 67 (Primary Care Council Act) charges HSD to establish a statewide PCC to identify ways primary care investment could increase access to primary care, improve the quality of primary care services, address the shortage of primary care providers, and reduce overall health care costs.

The mission of the PCC is to revolutionize primary care into interprofessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

To advance primary care payment reform in New Mexico, the state would like to know about clinical organizations' capacity to accept risk, and barriers and facilitators to primary care APM implementation. This survey is developed to give New Mexico policymakers and primary care leaders actionable information on primary care providers' readiness to succeed in APMs and to identify critical gaps that need to be addressed. We appreciate your time and cooperation in completing this survey and helping develop the payment model and strategies to support you throughout implementation.

Completing the Survey

We encourage you to work as a team to complete the survey. Working as a team will allow you to explore primary care APM readiness elements together and agree on the status of each element, thereby reducing the likelihood of answers being based on a single person's perceptions.

We recommend reviewing the survey questions and gathering responses before beginning to complete the survey online. A PDF of the survey was provided in the distribution email for your reference. Once responses are gathered, we anticipate the survey will take approximately 20 minutes to complete.

Throughout the survey you will see references to your "health center/practice." For the purposes of the survey, health center/practice means any provider type, including hospitals, ancillary providers, etc. If you are completing the survey on behalf of a primary care practice with multiple locations, please consider all locations when responding.

If you have questions about any of the content or language in the survey and need support, please contact Alex Castillo Smith (alex.castillosmith@state.nm.us) and Elisa Wrede (elisa.wrede@state.nm.us). If you have any technical challenges completing the survey and need support, please contact Margot Swift (mswift@healthmanagement.com).

The survey includes six sections:

Section I: Board, Leadership, and Strategic Readiness
Section II: Health Information Technology and Health Information Exchange Readiness
Section III: Care Delivery
Part I: Care Management
Part II: Patient and Family-Centeredness
Part III: Behavioral Health and Primary Care Integration of Services
Section IV: Partnership Readiness
Section V: Financial/Operational Readiness
Section VI: Areas of Concern when Preparing for Primary Care Alternative Payment Models

Health Center/Primary Care Practice Information

Name of Person Completing Survey: [open text]
We are asking for a contact name and email address in case we have follow-up questions about survey responses. If you prefer not to be contacted with follow-up questions, you may leave these fields blank.

Email Address of Person Completing Survey: [open text]
We are asking for a contact name and email address in case we have follow-up questions about survey responses. If you prefer not to be contacted with follow-up questions, you may leave these fields blank.

Health Center/Primary Care Practice Name: [open text]

Health Center/Primary Care Practice County:
If you are completing the survey on behalf of a health center/practice that operates in multiple counties, please select all that apply.

Bernalillo County
Catron County
Chaves County
Cibola County
Colfax County
Curry County
De Baca County
Doña Ana County
Eddy County
Grant County
Guadalupe County
Harding County
Hidalgo County
Lea County
Lincoln County
Los Alamos County
Luna County
McKinley County
Mora County
Otero County
Quay County
Rio Arriba County
Roosevelt County
Sandoval County
San Juan County
San Miguel County
Santa Fe County
Sierra County
Socorro County
Taos County
Torrance County
Union County
Valencia County

Health Center/Primary Care Practice ZIP Code: [open text]
If you are completing the survey on behalf of a health center/practice that operates in multiple ZIP codes, please list all ZIP codes separated by a comma.

Health Center/Primary Care Practice Size:

Individual provider
2-20 providers
21-100 providers
More than 100 providers

Is your health center/primary care practice a Federally Qualified Health Center (FQHC)?
More information about FQHCs, including certification requirements, can be found here.

No
Yes

Section I: Board, Leadership, and Strategic Readiness

Context

Moving to a primary care APM will likely be a significant shift in the way services have traditionally been developed and delivered. Therefore, it is important that your Board and all staff—leadership, frontline clinical and non-clinical staff, and other support staff—understand the reason for change and are willing and able to participate in the planning and execution of strategies that enable your health center to succeed under a primary care APM. In particular, the role of the Board and leadership in supporting the changes is critical as is the need for a performance dashboard that enables you

to track and respond to key metrics.

This set of survey questions explores your board, leadership, and strategic readiness to succeed under a primary care APM.

Board Engagement

Our health center/practice has engaged in a comprehensive strategic planning process with our Board and other key stakeholders within the last three years that prepares us for the transition to value-based care while maintaining fidelity to our organization's mission, vision, and values.

Strongly disagree
Disagree
Agree
Strongly agree
Don’t know

Our health center/practice has determined the level of risk our organization is willing to take in relation to primary care APMs through a process that included executive leadership and members of the governing Board.

Strongly disagree
Disagree
Agree
Strongly agree
Don’t know

Executive Data

Our health center/practice's leadership team has access to a performance management dashboard that enables it to monitor and respond to critical organizational indicators in real time.

Strongly disagree
Disagree
Agree
Strongly agree
Don’t know

Our health center/practice’s management team regularly tracks the results of a patient experience survey.

Strongly disagree
Disagree
Agree
Strongly agree
Don’t know

Staff Readiness

In general, the following groups are knowledgeable about and on board with participation in primary care APMs.	Strongly disagree	Disagree	Agree	Strongly agree	Don’t know
Providers					
Staff					
Administrative leadership					
Clinical leadership					

In general, the following groups are active in or willing to participate in practice transformation initiatives. *Practice transformation initiatives are those that improve health outcomes, create a closer patient-provider relationship, and help replace costly acute care episodes with preventive care.*	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Providers					
Staff					

Section II: Health Information Technology and Health Information Exchange Readiness

Context

Effectively managing patient populations requires health centers to have accurate and comprehensive data about those populations, and those data must be collected and reported in a timely, often real-time, manner. The care team must have actionable data at the point of care in order to make appropriate clinical decisions and avoid duplication or unnecessary tests and services. Transitions of care can be costly, but if managed appropriately with real-time data, they can be an opportunity to control costs and improve outcomes. Providers practicing without this information will be unable to fully contribute to the success of a primary care APM.

This set of survey questions explores your readiness to success under a primary care APM in terms of health information technology and health information exchange participation.

Quality Improvement and Data Monitoring

Has your health center/practice undertaken any major chronic disease-specific quality improvement initiatives in the past 3 years (e.g., participated in a learning collaborative, pursued NCQA Diabetes Center of Excellence recognition, etc.)?

No
Yes
Don't know

(If yes) Briefly describe the major chronic disease-specific quality improvement initiatives your health center/practice has undertaken in the past 3 years. [open text]

Our health center/practice has the technology to support retrieving, storing, calculating, and reporting clinical quality metrics.

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

As part of your reporting, do you specifically measure and monitor the following?	**No**	**Yes**	**Don't know**
Quality incentive payment provisions of third-party payer contracts			
Test utilization			

Are quality and outcome measures reviewed with the following groups?	**No**	**Yes**	**Don't know**
Clinical leadership			

Providers			

Our health center/practice utilizes quality data to inform patient outreach when appropriate (e.g., monitors colorectal cancer screening and outreaches to patients who are overdue).

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Our health center/practice collects race, ethnicity, language, and disability (REALD) data consistently for all patients.	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Race					
Ethnicity					
Language					
Disability					

Our health center/practice can use member data from payers in conjunction with program data for measures reporting, retrospective analytics, and continuous program improvement purposes.
This capability is usually found in so-called "business intelligence/decision support/data analytics" applications that work off large, multi-dimensional databases or warehouses.

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Provider Alerts, Decision Support Tools, and Registries

Our health center/practice has evidence-based clinical protocols and decision support tools embedded electronically in our EHR to aid in point-of-service decision-making.

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

In general, providers use the following automatic prompts about services in our EHR:

Reminders for preventative services to be ordered

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Reminders for tests or services that have been ordered but remain incomplete

Strongly disagree
Disagree
Agree

Strongly agree
Don’t know

Do providers and care team members receive proactive alerts in your EHR for:	**No**	**Yes**	**Don’t know**
Emergency room utilization			
Inpatient hospitalization			
Automatic ordering of generic prescription drugs			
Other, please describe: [open text]			

Does your health center/practice have a workflow in place to quickly act on real-time admission, discharge, and transfer (ADT) alerts received when your patients are registered or discharged from:	**No**	**Yes**	**Don’t know**
The hospital			
The emergency room			
Other, please describe: [open text]			

Does your health center/practice create an actionable list of:	**No**	**Yes**	**Don’t know**
“Super utilizers” (e.g., patients who have frequent ED use or hospital readmissions)			
Other patients at-risk for hospital admission (e.g., recently discharged, children with uncontrolled asthma)			

Does your health center/practice have a workflow in place to reach out to patients for ongoing follow-up?
No
Yes
Don’t know

Does your health center/practice have access to a database or data warehouse that serves as an actionable registry and contains patient data for reporting and program improvement purposes?
No
Yes
Don’t know

(If yes) Our health center/practice utilizes actionable registries to monitor patients (e.g., list of all patients with diabetes, date of their last appointment, and date and result of their last HbA1c test).
Strongly disagree
Disagree
Agree
Strongly agree
Don’t know

Health Information Exchange

Is your health center/practice currently connected to New Mexico’s health information exchange (HIE)?
No
Yes

(If no) What barrier(s) prevent your health center/practice from connecting to New Mexico’s HIE? Select all that apply.

Financial – start-up costs
Financial – annual fees
Lack of administrative support
Lack of technological support
Security/privacy concerns
Difficult to assess value
Other, please describe: [open text]

(If yes to connected to HIE) Is it challenging for your health center/practice to pay for the annual fees to connect to New Mexico's HIE?

No
Yes

Is your health center/practice using any HIE service offered by another HIE service provider (such as a query based HIE) to communicate with external providers?

No
Yes
Don't know

Section III: Care Delivery

Section III, Part I: Care Management

Context

A high functioning care team uses all members of the team in specific roles and at the top of their skill set and training. Because payment is based on value rather than provider volume, all team members work directly with patients in identifying needed services and coordinating the care. Patients are assessed for physical, behavioral, and social needs, and a care plan is developed and shared with all members of the care team. Patients and their caregivers are active participants in developing the care plan and setting goals for improvement.

This set of survey questions explores your care management services.

Care Management

Do you offer any care management services at your health center/practice?

No
Yes

(If yes) How many FTEs on staff are dedicated to care management activities? Number of FTEs: [open text]

(If yes) Care management services are integrated into the care team.

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

(If agree or strongly agree) How are care management services integrated into the care team? Select all that apply.

Provider referral

ED alerts
Super-utilizer list
Contracted member list
Other (e.g., chronic condition)

Our health center/practice uses a care plan as a source for care management.
Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Does your health center/practice use or have access to an electronic care management system for your care plan and related services?
No
Yes

Regarding a care plan, every provider within the care team can:

Collaborate on the development of a common care plan for a particular patient
Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Work off a common care plan on an ongoing basis (e.g., read each other's notes and collaborate in maintenance and updates to plan)
Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Care plans are informed by real-time intelligence about a patient's status (e.g., potential allergies, evidence gathered from patients with similar conditions, adverse drug reactions and/or drug-to-drug interactions).
Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Does your health center/practice regularly conduct the following types of assessments?	**No**	**Yes**
Initial screenings		
Health/functional assessments		
Risk assessments		
Risk stratification		
Health related social needs (HRSN) or social determinants of health		

(If yes to any item) Does your health center capture the assessment as structured data in your care plan, EHR, or another database (images/paper/PDF do not qualify) for the following types for assessments? *Structured data are data entered into a specific field that can be used to generate statistics, reports, or other information. Information entered as free text in a chart note, contained in images such as PDFs, or otherwise unsearchable information does not qualify as structured data.*	**No**	**Yes**	**Don't know**
Initial screenings			
Health-functional assessments			
Risk assessments			
Risk stratification			
Health related social needs (HRSN) or social determinants of health			

Does your health center/practice track external referrals by referring provider at the health center?

No
Yes
Don't know

Does your health center/practice track to which external provider a patient is referred?

No
Yes
Don't know

Our health center/practice has established relationships and processes with hospitals utilized by our patients for routine communication and handoffs (e.g., with hospital ED care navigators, discharge planners, coordinators).

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Do you have a strategy in place to outreach to and engage any managed care members who are assigned to you but have never been seen in your health center/practice?

No
Yes
Don't know

Are oral health/dental services available to your patients in the same physical facility as the medical care?

No
Yes

(If no) How do you refer patients for dental treatment? [open text]

Are vision care/eye doctor services available to your patients in the same physical facility as the medical care?

No
Yes

(If no) How do you refer patients for vision care? [open text]

Section III, Part II: Patient and Family-Centeredness

Context

The care team must have a thorough understanding of their population, including the language, cultural, and social environments, to provide meaningful care that will help implement improvements in health status. Along with understanding the global population the team serves, each patient should be the center of their care and should be an active contributor to their care plan.

Access to services should be available during and outside traditional business hours to effectively manage urgent concerns and avoid unnecessary ED visits. Experienced nursing staff can assess the urgency of medical complaints and work with another provider, when necessary, to accommodate the appropriate level of care needed.

This set of survey questions explores the extent to which your health center/practice provides patient and family-centered care.

Patient-Centered Medical Home (PCMH)/Patient-Centered Health Home (PCHH)

Are you currently recognized as a PCMH or PCHH by an authorizing agency such as NCQA or URAC?

No
Yes

Are patients empaneled to a particular primary care provider?

No
Yes

Providing Patient-Centered Care

Do you collect patient satisfaction data through a survey tool?

No
Yes

(If yes) Select the frequency with which you survey patients for satisfaction.

At every encounter
Quarterly
Semi-annually
Annually
Other, please describe: [open text]

Do you provide use of an electronic patient portal for patient access?

A patient portal is a secure online website that gives patients convenient 24-hour access to personal health information and other related services from anywhere with an Internet connection.

No
Yes

(If yes) Which of the following resources does the patient portal provide access to? Select all the apply.

Patient records
Appointments
Clinical questions
Other information

(If yes) Do more than 50% of patients use the portal for any reason?

No
Yes
Don't know

Do you use any patient-centered tools such as shared decision-making or decision support tools?
No
Yes
Don't know

Do you track patient visit cycle time (i.e., the amount of time it takes a patient from the time they enter the door to exit with a completed visit)?
No
Yes
Don't know

Enhanced Access

Does your health center/practice have an individual engaged full time in clinical nursing for triage, care coordination, and/or telephone consultation services (less than 20% administrative office work)?
No
Yes

Linguistic and Cultural Competency

Our health center/practice has assessed the linguistic needs of the population in our service area within the last three years.
Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Our health center/practice has assessed the cultural needs of the population in our service area within the last three years.
Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Language translation and interpretation services are easily accessible for all patients.
Strongly disagree
Disagree
Agree
Strongly agree
Don't know

How often does your health center/practice train providers and staff on cultural competency? Select all that apply.
No training is provided
During orientation

Annually
Other, please describe: [open text]

How often does your health center/practice train providers and staff on diversity, equity, and inclusion? For example, trainings that explore the role of racism, colonialism, and other forms of oppression in healthcare, bias, privilege, etc. Select all that apply.

No training is provided
During orientation
Annually
Other, please describe: [open text]

Does your health center/practice collect provider demographics, including race, ethnicity, language, and disability status?

No
Yes
Don't know

Provider demographics and/or experiences are reflective of the community in our service area.

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Our health center/practice has developed patient education materials and information on tests and procedures in multiple languages and at appropriate health literacy levels.

Strongly disagree
Disagree
Agree
Strongly agree
Don't know

Section III, Part III: Behavioral Health and Primary Care Integration of Services

Context

Nearly half of patients with one or more of the top five chronic medical conditions treated in primary care also suffer from a co-existing behavioral health issue. Providing primary and behavioral health care in one location by an integrated care team leads to improved outcomes (clinical and financial) for both medical and behavioral health issues as well as significantly lower long-term health care costs. The behavioral health staff should function as a core team member, not ancillary staff.

This set of survey questions explores the extent to which your health center/practice integrates behavioral health and primary care.

Behavioral Health and Primary Care Integration of Services

Is a behavioral health trained staff member part of the clinical care team, located on-site, and available to confer with the team throughout the day?

No
Yes

(If yes) How often are they available to confer with the team?

- 0%-25% of the time
- 26%-50% of the time
- 51%-75% of the time
- 76%-100% of the time

Are behavioral health services available to your patients in the same physical facility as the medical care?

- No
- Yes

(If yes) If a medical provider refers a patient for onsite behavioral health services (non-urgent), how often can the patient be seen the same day for behavioral health?

- Never
- Rarely
- Sometimes
- Always
- Don't know

(If yes to BH available in same facility) Do primary care and behavioral health staff document in a shared medical record?

- No
- Yes
- Don't know

(If no) Do they have, at minimum, viewing access in each other's records?

- No
- Yes
- Don't know

(If no to BH available in the same facility) How do you refer patients for behavioral health care? [open text]

(If no to BH available in the same facility) What barriers prevent you from offering behavioral health services to your patients in the same physical facility as the medical care? [open text]

Does your clinical team have time regularly designated to discuss complicated or difficult cases (not including a brief huddle)?

- No
- Yes

Section IV: Partnership Readiness

Context

Partnerships with other health care providers along the entire continuum of care are also critical to ensuring that your health center can effectively coordinate and manage health care and costs for the patients for whom you will be responsible.

Partnership Agreements

Does your health center/practice have agreements (formal arrangements through a memorandum of understanding or contract) in place with the following types of social service providers?	**No**	**Yes**	**Don't know**

Housing			
Food and nutrition services			
Tribal services			
Disability services			
Education/schools			
Child welfare			
Legal services			
Supported employment agencies			
Transportation			
Other, please describe: [open text]			

Does your health center/practice have agreements in place with the following types of medical providers?	**No**	**Yes**	**Don't know**
Hospitals			
Home health			
Skilled nursing/long-term care			
Crisis services			
Other, please describe: [open text]			

Has your health center/practice conducted an analysis within the last three years to identify the other service providers in your community from whom your patients receive care?

- No
- Yes
- Don't know

Our health center/practice has agreements in place that enable it to serve individuals with the following needs:	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Mental health					
Substance use					
Intellectual and developmental disabilities					

Section V: Financial Operational Readiness

Context

Success in APM arrangements is grounded in improving health outcomes and realizing cost efficiencies, thereby reducing the total healthcare spend. To realize these desired behaviors, alternative payment incorporates various payment models, generally including (1) base compensation (to reimburse for services provided in-house), (2) quality incentive payments, and (3) managing the total cost of care of a patient. As a result, managing and monitoring financial performance will move away from per-visit analyses to quality metrics and patient- and family-centered financial analyses (per patient).

With regards to base compensation, centers will need to become more efficient in the delivery of services so increased emphasis will be placed on managing productivity and capacity levels of provider and non-provider staff, as well as improving business processes with the goal of reducing the average cost per unit (visits and procedures). In addition, centers will need to better understand the utilization of services by patient for both services provided in-house as well as outside its four walls as the underpinning of managing the overall cost per patient. An additional complexity is that patient utilization patterns often vary based on the health (risk) status of a patient and therefore payment is also varied

by risk status. Therefore, coding will become even more important for a center to manage a patient's health status, utilization patterns, cost of care, and to access quality incentive payments.

Accordingly, the foundation for success in primary care APMs includes the appropriate coding for services, improvement in cost efficiencies for services provided in-house, management of utilization, and the ensuing overall cost of care by patient while improving health outcomes and quality.

This set of survey questions explores your health center/practice's financial operational readiness for success under a primary care APM.

Financial Operational Readiness

Does your health center/practice train providers on proper coding and documentation practices?

No
Yes

Does your health center/practice have coders on staff?

No
Yes

Please provide the following information for 2022:

Number of physician or mid-level practitioner (e.g., nurse practitioner or physician assistant) FTEs on staff: [open text]
Number of coder FTEs on staff: [open text]
Number of billing staff (excluding coders and front desk) FTEs on staff: [open text]

Does your health center/practice review provider coding on a regular basis?

No
Yes
Don't know

Does your health center/practice have an incentive compensation program for providers?

No
Yes
Don't know

(If yes) Is the program aligned with existing quality incentive programs in payer contracts?

No
Yes
Don't know

Does your health center/practice monitor provider productivity (i.e., panel size)?

No
Yes
Don't know

Does your health center/practice monitor the productivity (i.e., panel size) of non-provider staff?

No
Yes
Don't know

Does your health center/practice have a roster of attributed members?

No
Yes
Don’t know

(If yes) Is the member attribution at the physician or practice level?
Physician
Practice

Does your health center/practice analyze cost per visit on a regular basis to identify cost efficiencies?
No
Yes
Don’t know

Does your health center/practice utilize a cost-based charge structure?
No
Yes
Don’t know

Does your health center/practice update its fee schedule on an annual basis?
No
Yes
Don’t know

Does your fee schedule include ICD-10 Z codes?
Z codes are the encounter reason codes used to describe factors influencing health status, e.g., Z56 – problems related to employment and unemployment or Z59 – problems related to housing and economic circumstances.
No
Yes
Don’t know

Does your health center/practice calculate and monitor the total, annual cost per patient for in-house services?
No
Yes
Don’t know

Does your health center/practice monitor the utilization of specific services by patient for in-house services?
No
Yes
Don’t know

Does your health center/practice have partial capitation agreements with MCOs for in-house services (e.g., primary care)?
Capitation is a payment arrangement in which a provider is paid a set amount for each enrolled person assigned to them, per period of time (e.g., per member per month, or PMPM), whether or not that person seeks care.
No
Yes
Don’t know

Our health center/practice has a strategy for assessing the needs of patients regarding social determinants of health,
Strongly disagree
Disagree
Agree
Strongly agree

Don’t know

Does your health center/practice have agreements with third party payers that include quality incentive payments?
- No
- Yes
- Don’t know

(If yes) Have you been successful in fully accessing quality incentive payments?
- No
- Yes
- Don’t know

Does your health center/practice have surplus-sharing arrangements with third party payers?
This means a payment arrangement in which the provider can share with the payer in the surpluses (savings) of overall healthcare expenditures for members assigned to the provider.
- No
- Yes
- Don’t know

Does your health center/practice have risk-sharing arrangements with third party payers?
This means a payment arrangement in which the provider can share with the payer in the losses (shortfalls) of overall healthcare expenditures for members assigned to the provider.
- No
- Yes
- Don’t know

Does your health center/practice have participation agreements with an independent physician association (IPA) or accountable care organization (ACO)?
- No
- Yes
- Don’t know

(If yes) Do you have any surplus sharing agreements with those entities?
- No
- Yes
- Don’t know

(If yes to agreements with IPA/ACO) Do you have any risk sharing agreements with those entities?
- No
- Yes
- Don’t know

If your health center/practice is involved in surplus-sharing or risk- sharing arrangements:

How engaged is your health center/practice in monitoring performance?
- Not at all engaged
- Minimally engaged
- Somewhat engaged
- Very engaged
- Not applicable

How successful has your health center/practice been, financially, with receiving payments?

Not at all successful
Minimally successful
Somewhat successful
Very successful
Not applicable

Does your health center/practice actively identify high-cost/high-utilizing patients?
No
Yes
Don't know

(If yes) Does your health center/practice identify and monitor high-cost providers?
No
Yes
Don't know

Does your health center/practice utilize Business Intelligence (BI) software to:	**No**	**Yes**	**Don't know**
Assimilate and report on data from internal systems (e.g., EHRs, billing systems, accounting systems)?			
Assimilate external claims data with internal data?			
Manipulate third party claims data?			

(If yes to any items) Does the BI software have a flexible architecture that allows for ad hoc reporting, e.g., to respond to reporting requests and requirements from different payers?
No
Yes
Don't know

Does your health center/practice meet the HRSA standard for working capital (>30 days)?
HRSA definition: Days in Working Capital = (Current Assets – Current Liabilities)/(Total Annual Operating Expenses/365 days)
No
Yes
Don't know

(If yes) Does your health center/practice maintain cash > 30 days?
No
Yes
Don't know

(If yes to meeting HRSA standard) Has your center/practice met this working capital metric for the past three fiscal years?
No
Yes
Don't know

Does your health center/practice have a positive unrestricted net asset position?
No
Yes
Don't know

(If yes) Do you have positive net assets, available for operations?

Positive Net Assets, Available for Operations = Unrestricted Net Assets – (Net Fixed Assets – Capital, Long-term Debt)

No
Yes
Don’t know

(If yes to positive unrestricted net asset position) How many days of operation does your health center/practice's net asset position represent? [open text]

Did your health center/practice generate a positive margin for the three most recent completed fiscal years?

No
Yes
Don’t know

Did your health center/practice generate a positive operating margin (operating revenue less expenses before depreciation and non-operating revenues and expenses) for the three most recent completed fiscal years?

No
Yes
Don’t know

Has your health center/practice developed a revenue model to budget the amount and timing of revenue and cash flow of potential primary care APM arrangements?

No
Yes
Don’t know

Has your health center/practice evaluated the upfront costs of participating in the primary care APM arrangement and new skill sets/core competencies?

No
Yes
Don’t know

Has your health center/practice evaluated reserve requirements and/or the opportunity to partner with other providers?

No
Yes
Don’t know

Section VI: Areas of Concern when Preparing for Alternative Payment Models

Context

The table below captures broad categories that can influence success in primary care APM adoption. Please indicate your health center/practice's level of concern for each item.

	Very Concerned	Concerned	Not a Concern
Necessary time/staff resources to design and implement primary care APM readiness			
Adequate financial position/reserves			
Establishing partnerships with external providers			
Negotiation with plans			
HIT infrastructure/support needed to implement changes			
Capability/willingness to exchange health information (HIE) with external partners			
Liability/audit risk			
Provider buy-in			
Board of Directors support			
Impact on clinical workflow			
Impact on fiscal workflow			
Impact on operational workflow			
Ability to meet clinical targets/expectations set forth in primary care APMs			