Green Mountain Care Board

Vermont SIM State-Led Evaluation Survey Report

Vermont Health Care Innovation Project State-led Evaluation

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John Snow Inc.
44 Farnsworth Street
Boston, MA 02210
617.482.9485
www.jsi.com

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1. Introduction

John Snow Inc. (JSI) entered into a contract to work with the Green Mountain Care Board (GMCB), Vermont Health Care Innovation Project (VHCIP) Leadership, and other VHCIP stakeholders to enhance the internal evaluation of VHCIP in Spring 2016, at approximately the halfway point of Vermont's State Innovation Model (SIM) grant period. The evaluation was designed to assess core areas of SIM selected by GMCB: 1) care integration, 2) use of clinical and economic data to promote value-based care, and 3) payment reform and financial incentive structures. To complement the other parts of the evaluation, including focus groups, interviews, and a review of reports and data, JSI developed and implemented two surveys that assess the core areas of care integration, use of data, and payment reform. These surveys were designed to capture the perception and experience of 1) primary care providers (PCPs), and 2) care coordinators. This report describes the methodology and results of these surveys.

2. Methodology

Two separate survey studies were conducted – one with care coordinators and one with primary care providers (MDs, DOs, PAs and NPs). While these targeted different types of providers, common questions were used where possible to enable comparison across the two groups. A summary of the protocols is described below.

Survey Content:

The surveys were organized around three primary areas of interest that were the focus of the Vermont SIM evaluation project: Payment Reform, Care Coordination and Use of Data. Survey development was also informed by previously implemented surveys including those from the Research Triangle Institute (RTI) and Vermont ACOs, as well as findings from focus groups and site visits conducted by JSI. VHCIP and JSI team members provided feedback on the draft survey to reword questions, delete some questions and add other questions. This type of drafting, obtaining feedback and redrafting went through several rounds. A pretest was conducted in which care coordinators and physicians filled out the survey and gave feedback. Further revisions were made to create a final draft instrument. The Care Coordinator version of the survey was programmed in Survey Gizmo and was conducted entirely as an online survey. The Physician survey was formatted in both Teleform (a scanning software program) and an online version programmed in Survey Gizmo.

Sampling:

The physician sample was obtained through the Vermont licensing bureau; they provided an electronic file of all physicians, physician assistants and nurse practitioners. The goal was to only select providers who were involved in primary care. A list of specialty codes was reviewed and providers were selected who indicated that their main specialty was one of several categories associated with primary care (e.g. internal medicine, general practice, pediatrics, obstetrician/gynecologists). Upon applying these selection criteria, the database yielded 629 physicians and 378 physician assistants and nurse practitioners.

The Care Coordinator sample was obtained from a list of members of the Learning Collaborative that was created for care coordinators. The list included 509 care coordinators and a 100% sample was selected from the list. Contact information on this list was limited to email addresses, limiting dissemination to an online survey.

***Data Collection Procedures*:**

Primary care providers were sent a hard copy of the survey along with a cover letter explaining the purposes of the study. In the letter, a URL link to the online survey was to give the PCP the option to fill out the survey online. Three reminder letters were sent at two-week intervals to those who had not responded.

Care coordinators were sent an email inviting their participation and explaining the purposes of the study. The email contained an embedded link to the URL for the online version of the survey. Up to three e-mail reminders were sent at one-week intervals to non-responders.

***Recoding of Variables*:**

To further analyze and understand the data the responses to questions on the practice type and training of respondents were re-coded to aggregate responses into smaller groups.

1) For the provider survey the response categories were recoded as follows:

"Please indicate the categories that best describe the practice where you spend the majority of your time"

1=owned by a hospital or hospital system, academic medical center practice
2=FQHC or rural health center
3=single specialty primary care practice/ solo practice, multi-specialty group practice
4=other clinical: group or staff HMO, PCMH

*Note that a hierarchy was applied to these categories, if respondent checked multiple, they were recoded in each category in the order listed here. If "group or staff HMO" or "PCMH" was the only practice type checked, then this was coded as "other."

2) In the care coordinator survey training type the response categories were recoded as follows:

"What background do you bring to your role?"

1=NP, PA, APRN, MD/DO
2=LICSW, LADC/MAC, LCMHC, LSW
3=RN, BSN
4=CHW
5=BA/BS (highest degree), MPH (Highest degree)
6=Other (not included in other categories)

*Note that a hierarchy was applied to these categories; if a respondent checked multiple they were recoded in each category in the order listed here

3) In the care coordinator survey, organizational type was re-coded as follows:

"Please indicate the categories that best describe the practice/organization where you spend the majority of your time"

1=Behavioral health: community mental health center, substance abuse treatment facility, or if under "other" such facility was indicated
2=Clinical: Solo practice, single-specialty primary care practice, Multiple specialty group practice, FQHC or rural health center, owned by a hospital or hospital system, academic medical center practice
3=SASH: If respondent was identified as SASH in survey email distribution list or SASH was indicated under "other"4=Other: Housing organization, visiting nurse association, area agency on aging, long term care facility, social service agency, "other"

Engagement Score:

For both surveys an engagement score summarizing respondent engagement with SIM Care Coordination collaboratives and initiatives was created. This was developed by the assignment of numerical values to responses to questions about level of involvement with Community collaboratives (B5a), Integrated Communities Care Management Learning Collaborative (B5b), Core Competency Training (B5c) and Accountable Communities for Health Peer Learning Lab (B5d). The response was scored "0" if respondent was unaware of that structure/activity or if he/she was aware, but their practice was not involved. The response was scored "1" if respondent had representation at that structure/activity, but was not personally involved and was scored "2" for respondents indicating personal involvement with that structure/activity. Thus, possible scores ranged from 0 to 8. These scores were further grouped into categories of "Low" (0), "Medium" (1-2) and "High" (>2), where cut points were determined by frequency distribution of respondent scores.

Low level of involvement indicates no knowledge of structure/activity, or no involvement in structure/activity by organization. Medium level of involvement indicates representation without direct involvement with one or more structure/activity, or direct personal involvement in at least one. High levels indicate representation without direct involvement with three or more structure/activity or direct personal involvement in more than one.

3. Response Rates

Of the 509 care coordinators invited to participate, 160 completed the survey for a response rate of 31%.

Of the 629 physicians invited to participate, 30 were ineligible or had incorrect addresses listed, leaving an eligible sample of 599 physicians, of which 236 responded for a response rate of 39%. Of the 378 physician assistants and nurse practitioners, 31 were ineligible or had incorrect addresses, leaving an eligible sample of 347 of which 108 returned surveys for a response rate of 31%. The combined total response rate for providers was 36%. Interestingly of those providers who returned surveys (344), only 33% filled it out online and 67% filled it out on paper.

JSI also calculated response rates from all providers by HSA (see Table 1). Overall, there were no statistically significant differences in response rates across HSAs, in part because most HSAs had relatively few providers and with about half being located in one HSA (Burlington). HSA response rates ranged from a low of 29% (White River Junction) to a high of 45% (St. Johnsbury and Brattleboro). Burlington, which was the largest HSA, had a response rate slightly below average of 34%. It was not possible to evaluate the care coordinator response rate by HSA as addresses were not available.

Table 1: Distribution of PCP Respondents by Health Service Area (HSA)

Distribution of Respondents by Health Service Area (HSA)	Respondents (%)	Total providers
St. Albans	31%	48
Newport	40%	30
Morrisville	42%	33
St. Johnsbury	45%	40
Burlington	34%	325
Barre	42%	82
Middlebury	33%	52
Randolph	41%	29
White River Junction	29%	70
Rutland	37%	65
Springfield	32%	41
Brattleboro	45%	58
Bennington	41%	64
Total	***37%***	**937**

4. Summary of Provider Survey Results

This summary provides insight into current provider perceptions and hints at the areas where there is need for continued efforts to build on the collaboration and infrastructure building that occurred during SIM funding.

Characteristics of Respondents:

While each of the HSAs was represented among survey respondents, Burlington had the largest share (32%), Windsor had the smallest share (1%) and all other HSAs ranged from 3 to 10% of respondents.

The majority of the respondents were doctors (MD or DO), while just under a third were nurse practitioners, physician assistants, or advanced practice registered nurses. The most common specialization was family medicine (42%), followed by internal medicine (19%), and the remainder were a mix of pediatricians, obstetrician/gynecologists, and other specialties (both primary care and non-primary care). Respondents tended to be in smaller practices, with almost two thirds of providers in practices of 10 or fewer providers. In terms of practice affiliation, the most frequently reported practice category was hospital owned (35%), followed by independent practices (31%) and FQHC practices (21%).

Care Coordination Performance:

Care coordination occurs within PCP offices, but it is linked to a much larger network of health and other providers in the community. To assess care coordination functioning at the practice versus community level, PCPs were asked about care coordination performance in the practice where they spend the majority of their time and in their community. Almost half (42%) felt care coordination was done very well at the practice level, but 13% rated care coordination very well at the community level. When asked the top three needs to improve care coordination services in the community the providers identified 1) "More services to refer patients to" (43%), 2) "Better/higher reimbursement for care coordination" (39%), and 3) "More care managers" (32%).

Provider engagement with SIM and other funded Care Coordination activities:

PCP providers have engaged in a number of the SIM funded collaborative structures and activities related to care coordination. Provider participation and their assessment of the impact of the activities were assessed through the survey. Thirty-two percent (32%) have been involved with personally or have representation in the community collaboratives (also known as regional collaboratives, UCC's), and 74% have been involved personally or through representation of the Community Health Teams.

Among those that have participated in the community collaboratives, 73% said it had a positive impact in improving quality of care coordination services, and 93% said Community Health Teams have had a positive impact. Far fewer providers were engaged with the Integrated Communities Care Management Learning Collaborative, but among those that were engaged 61% reported a positive impact.

The following themes emerged when respondents were asked "Is there anything else important you would like us to know about your views on care coordination?"

- Providers have a primary concern of shortage of certain providers and services, most often mentioning mental health, substance use, and transportation. This implies that care coordination cannot solve the problem of shortage of providers and services.
- There is a range of satisfaction with care coordination, but there seems to be general consensus that having embedded care coordinators is preferred (although there were exceptions, e.g. "CHT is great!"). Providers noted they preferred internal to practice, because the care coordinators know the patients and can work in close collaboration with triage nurse and other clinic staff.
- Care coordination is time consuming and more resources need to be included in the primary care payment model.
- Information provided in transition of care documents was not always useful, and PCPs' comments and the patient story need to remain in transition of care documents.

Provider participation in and awareness of payment reform:

Primary care provider participation in alternative payment models is rapidly increasing, yet many questions remain on the impacts of this participation on how providers deliver care and patient experience. Providers were asked "Is there any portion of your payments at the practice where you spend the majority of your time based on performance of care, costs, efficiency, or any other performance metrics for any insurer?" Among respondents, 50% said "yes", 28% said "don't know," and 22% said "no." Those who were less able to respond to questions about payment structures were providers in the VA system, and providers in hospital-based practices where payment arrangements are made by the hospital and not known or understood by the individual providers. Of those who said yes, there was diverse opinion on the impact of performance based payments on decisions regarding clinical, administrative or operational improvements – "no change" (13%), "made somewhat better" (15%), "made a lot better" (2%), "made somewhat worse" (95), "made a lot worse" (4%), and "don't know" (5%).

Health reform activities have the goal of improving patient experience and quality of services, patient outcomes, while also reducing costs. Providers were asked their perception of the impact of various activities on quality, outcomes and cost. For many, they were unsure and responded, "don't know," however, the responses provide a point in time summary of provider perception of the impacts of these initiatives. Among the "Hub and Spoke," "Blueprint for Health," and "ACO Shared Savings" programs, providers rated Hub and Spoke as having the greatest impact on patient quality and outcomes and cost. Across all three programs, providers rated the program impact on cost low relative to quality and cost. See figures below (Figures 1-3).

Figure 1: Primary care provider perception of program impact on ability to reduce cost

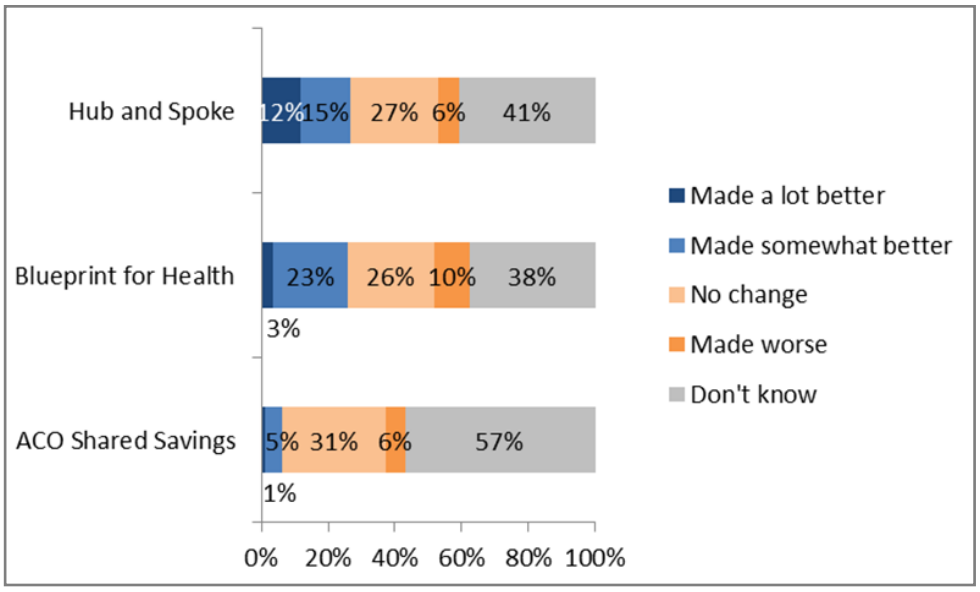


Figure 2: Primary care provider perception of program impact on ability to improve quality of services

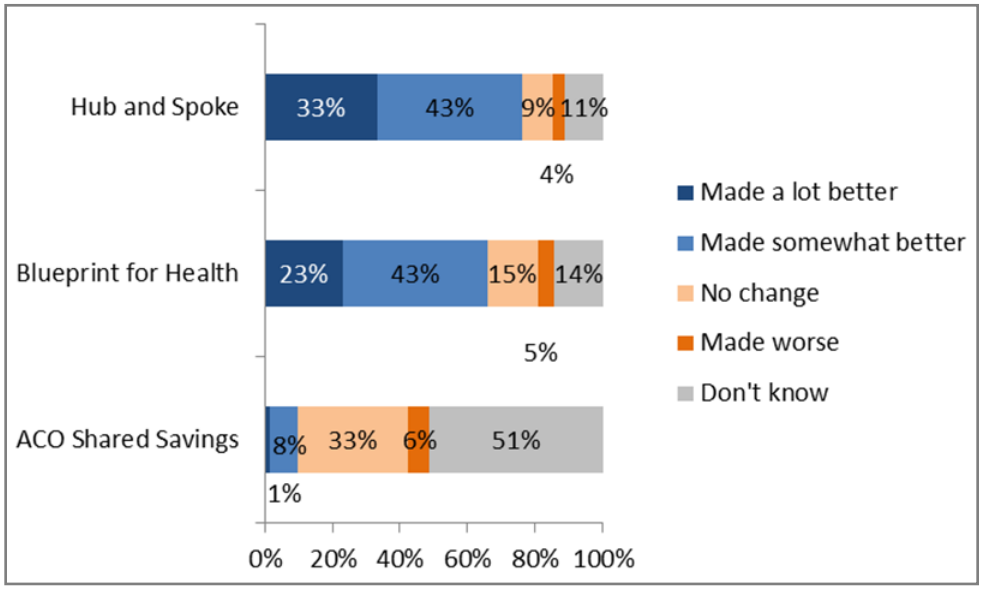
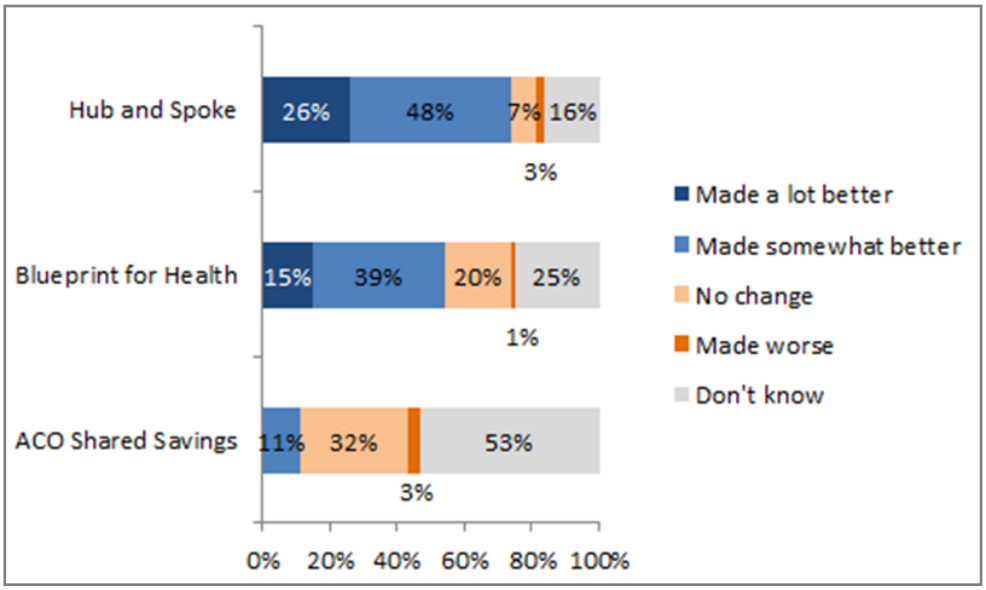


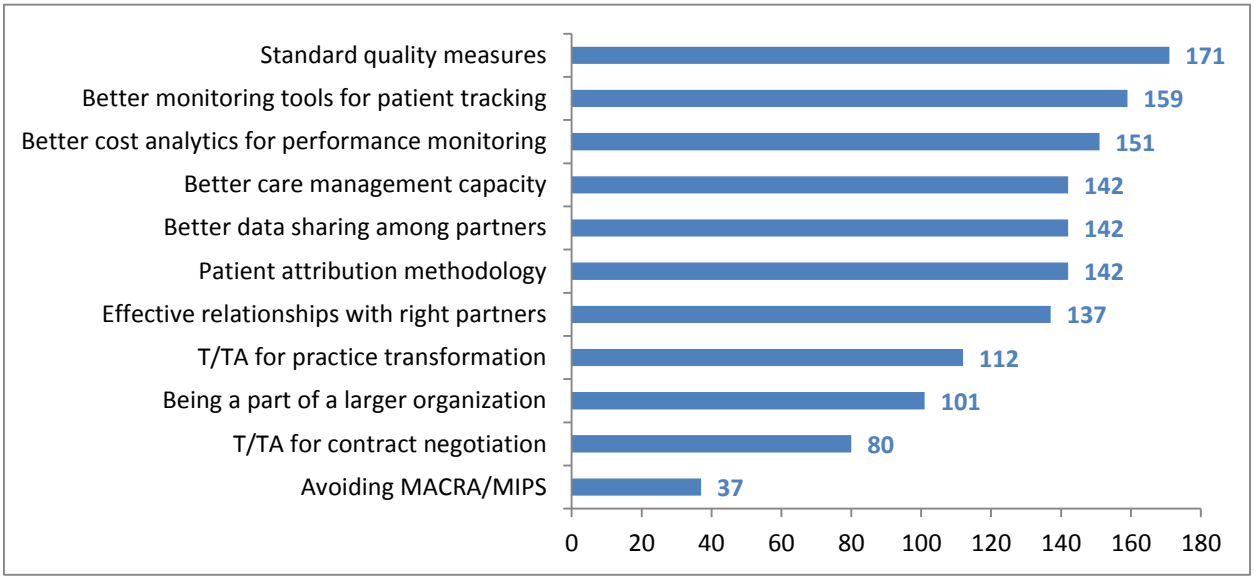
Figure 3: Provider perception of program impact on ability to improve patient outcomes



When asked about readiness for compensation to be tied to performance most providers expressed some level of readiness (71%), but of those 55% said they were "a little ready" or "somewhat ready." While providers expressed some level of readiness, many are not sure of current contract mechanisms. Providers reported understanding of current contracts with insurers indicates many are unaware of whether or not they are in risk-based contracts. Seventy-three percent (73%) said they did not know whether they were in risk-based contracts for physical health. They were similarly unsure of risk-based contracts for mental health or in contracts that included bundled payments or quality withholds.

To be better prepared for alternative payment models, such as global payment, shared savings with downside risk, risk-based all-inclusive population-based payments, or other non-fee-for-service payment models, the majority of respondents ranked most highly tools to support access to and use of data. Within the topic of data, the highest ranked request was for standardized quality measures (see Figure 4 below).

Figure 4: Provider prioritization of activities that would improve readiness for participation in alternative payment models: *Which of the following would make you and/or the practice where you spend the majority of your time more ready to participate in alternative payment models, such as global payment, shared savings with downside risk, or other non-fee-for-service payment models?"*



The following themes emerged when respondents were asked "Is there anything else important you would like us to know about your views on payment reform?"

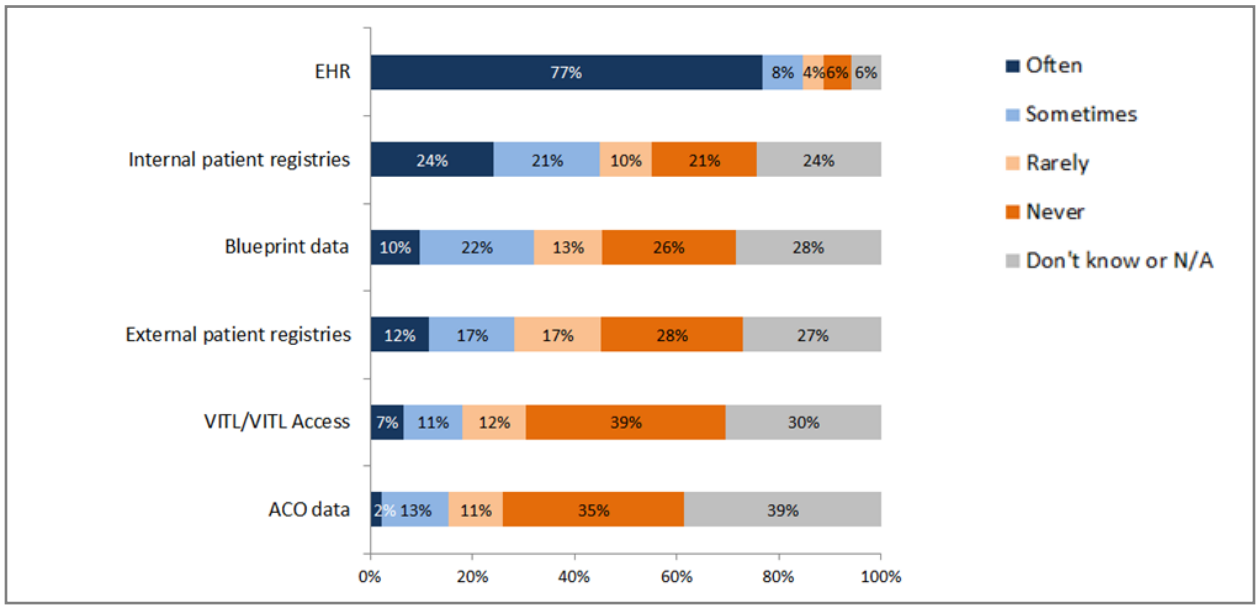
- There is skepticism that performance based payments will work. Several of the reasons providers cited for that concern included:
    - The expectation is that payment reform will change the culture of health delivery system, but a full overhaul is needed to change culture.
    - Goals of payment reform are good, but naive of what is happening in reality. In particular paying providers to get patients to change behaviors is flawed.
    - Concern that specialists are left out of payment reform, and primary care bears the brunt of payment reform activities and quality reporting.
    - Shared savings do not work when quality is already high and there is little room for improvement.
- Performance measurement component of payment reform is problematic. Providers are concerned that the measures are not truly assessing quality, and that the administrative burden and cost associated with performance-based payment outweighs the financial incentives.
- There is need to risk adjust patients and performance measurement of patients based on social determinants of health and not just the medical diagnosis.

Provider ability to use data:

Approximately 60% of providers reported being data-driven (somewhat or strongly agree), however, only a small percentage (12%) strongly agreed that they have adequate analytic capability and support to use data for practice transformation. Providers report that data analysis capacity is primarily internal, with only 6% relying on external support. In terms of new tools, eighteen percent (18%) have used the event notification system, and half of those providers feel that it has changed the way staff and practice behave. Fifty percent (50%) of providers using event notification stated that it has had an impact, while 29% said they did not know, and 22% said they did not agree that it had an impact.

The data system most commonly used by providers is their EHR, with 77% reporting they use it "often." Supplementing this, data tools that have become available through delivery reform efforts have become part of provider practice; among respondents, 32% use Blueprint data, 18% use VITL/VITL Access, and 15% use ACO data either "often" or "sometimes." Providers indicate that their practice is in need of greater capacity to use data for patient care and quality improvement, and this is true across data sources. Less than half (43%) stated their practice is "very capable" in using the EHR and only 5% "very capable" in using ACO data (see Figure 5 below).

Figure 5: Frequency providers use data systems to support patient care or quality improvement: *How often do you use the following data systems in support of patient care or quality improvement?*



5. Summary of Care Coordinator Survey Results

Care coordinators had a similar distribution across the HSAs to the primary care provider respondents, with 30% in Burlington, 1% each from Upper Valley and Newport, and between 3 and 10% from each of the other HSAs. The most common organization type represented was clinical (35%), followed by SASH (33%) and mental health and substance use disorder treatment providers (7%).

Engagement in SIM Care Coordination activities:

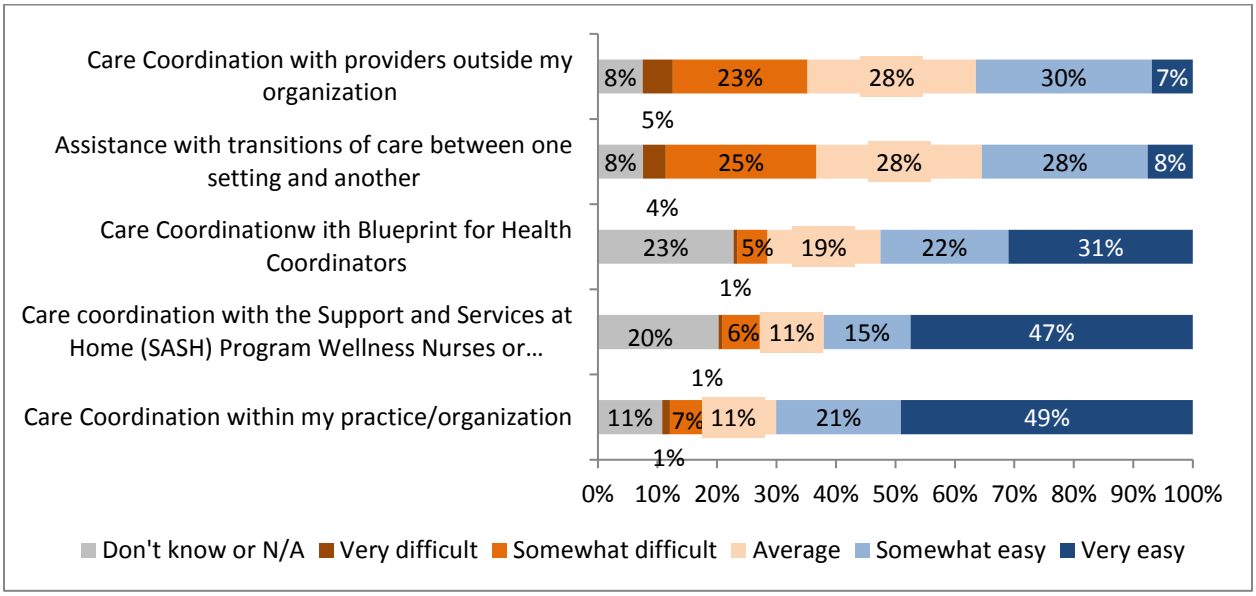
Most care coordinators surveyed were involved in at least one SIM activity. Direct participation was greatest for the trainings and learning collaboratives, with about half of respondents participating. There was lower participation in the community collaboratives, and the lowest respondent involvement in the Accountable Communities for Health Peer Learning Lab (15%). Even if not directly involved, the large majority of care coordinators said they had representation in the activity, with the exception of the Peer Learning Labs, in which case 60% of respondents said they were not aware of the activity. This variation in the level of engagement will facilitate analysis of the impact of engagement on the perception of care coordination and integration performance.

It is important to note that the large majority reported having direct involvement or representation through the Community Health Teams. Community Health Teams were linked to SIM activities and are also likely an important ingredient in effective care coordination.

Care Coordination and Care Integration Performance:

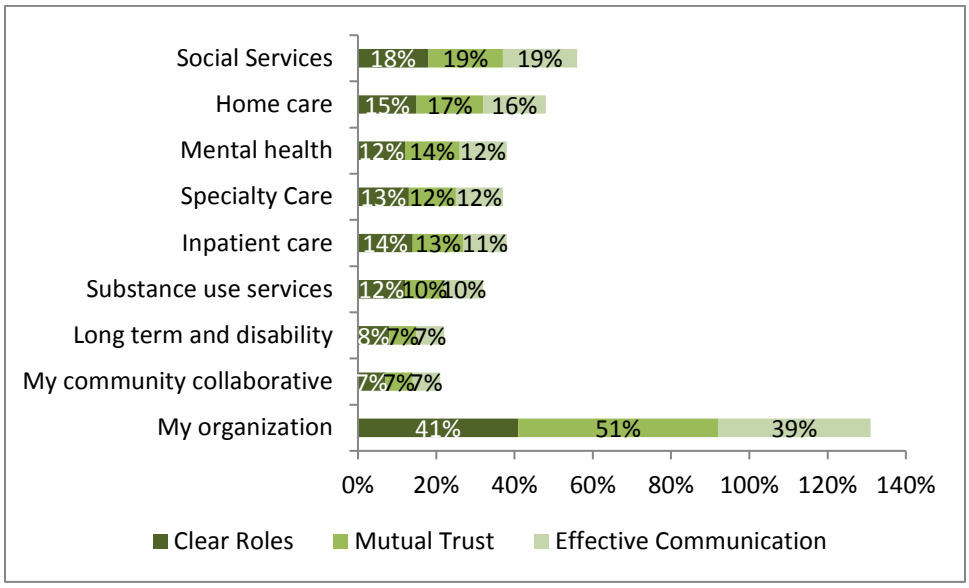
Similar to the provider survey findings, care coordinators reported that it was easiest to connect patients/clients to services within their own practice or organization (see Figure 6). Rates were similarly high for the SASH program - though this may be impacted by the fact that one-third of respondents were part of SASH. Scores were slightly lower for Blueprint Health Coordinators, and few reported that it was very easy to connect patients/clients to services at an outside organization or transitioning care between organizations.

Figure 6: Difficulty of care coordination activities as rated by providers: *How would you rate the difficulty that you have in doing the following activities to get patients/clients the services they need?*



Similarly, respondents were much more likely to rate their own organization as strong in clear roles, mutual trust and effective communication, key ingredients of care integration. Strikingly, care coordinators gave lower scores to the community collaboratives (see Figure 7 below). While the sample size was not large enough to analyze results by HSA, qualitative interviews indicate that this finding likely varies dramatically by HSA.

Figure 7: Providers rating of strength of integration with community and clinical partners. *Thinking about this description of integration, please identify how strong you think each attribute (clear roles, mutual trust, effective communication) is in helping you to do your work on behalf of the patients/clients you serve for different partners listed.* Percent who rated as "Very Strong:"



Note: Totals for each bar do not total to 100% as it is a composite of percent who rated "very strong" across three attributes of strong coordination: clear roles, mutual trust, and effective communication.

The following themes emerged when respondents were asked "Is there anything else important you would like us to know about your views on care coordination?"

- There is a need for more engagement of management as to the purpose and process of care coordination.
- There is a need for enhanced communication across all stakeholders.
- Both clinical providers and care coordinators are overburdened in their caseloads, and more resources are needed.
- There is a significant need for complementary resources - housing, transportation, PCPs, specialists, mental health and substance use, etc.
- Care needs to be patient-centered, which is a challenge with numerous and competing priorities.
- There is a significant range in people's satisfaction with care coordination and supportive structures like the community collaboratives.

Participation and awareness of payment reform:

As a whole, most care coordinators reported either not knowing or not having payments to their organization tied to performance. However, when asked, "Is there anything else important that you would like us to know about your views on payment reform?" respondents expressed both concern that there has not been an increase in funding to meet demand (e.g. level funding of SASH) but also that they appreciated the freedom of not being tied to reimbursement. Further, while not directly affected, several expressed concern that: 1) incremental health reform efforts come with a significant administrative burden, causing clinical providers to burn out; and 2) that payment reform won't be effective until it is more comprehensive, and this needs to happen quickly to relieve the burden on providers.

Use of health data:

Approximately 76% of respondents reported being data-driven (somewhat or strongly agree), however, only 54% agreed (strongly or somewhat) that they have adequate analytic capability and 57% agreed (strongly or somewhat) that they had adequate access to data (see Figure 8 below). The majority of respondents reported relying primarily on internal data sources (see Figure 9). However, a notable number (28%) of care coordinators were not well acquainted with data sources and were not sure whether their organization relied more on internal or external data.

In terms of event notification, slightly more than half of respondents reported using any event notification system, and 78% of those specifically used Patient Ping. Further, 67% of all respondents reported that event notification has changed the way the practice behaves, indicating a positive impact of the Patient Ping system. This was reinforced by several free text responses to the question: "Is there anything else important you would like to tell us about the practice/organization's use of data (practice/organization where you spend the majority of time)?" Several care coordinators highlighted the positive impact of Patient Ping.

Other themes that came out of this free text question included:

- Frustration due to limited access to data and limited ability to share across providers, particularly VHCURES and state-level data.
- Deficits in local capacity to analyze data.
- Challenges in transitioning from DocSite.
- Limited usability of VITL.

Figure 8: Provider agreement with statements describing use of data in their practice.

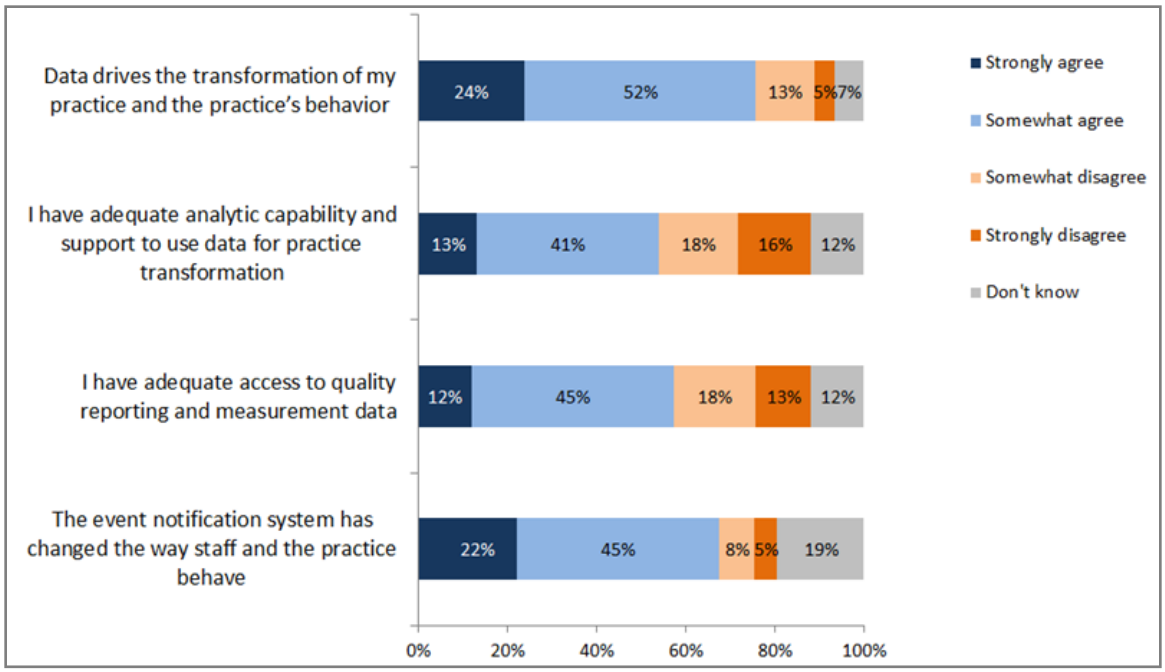
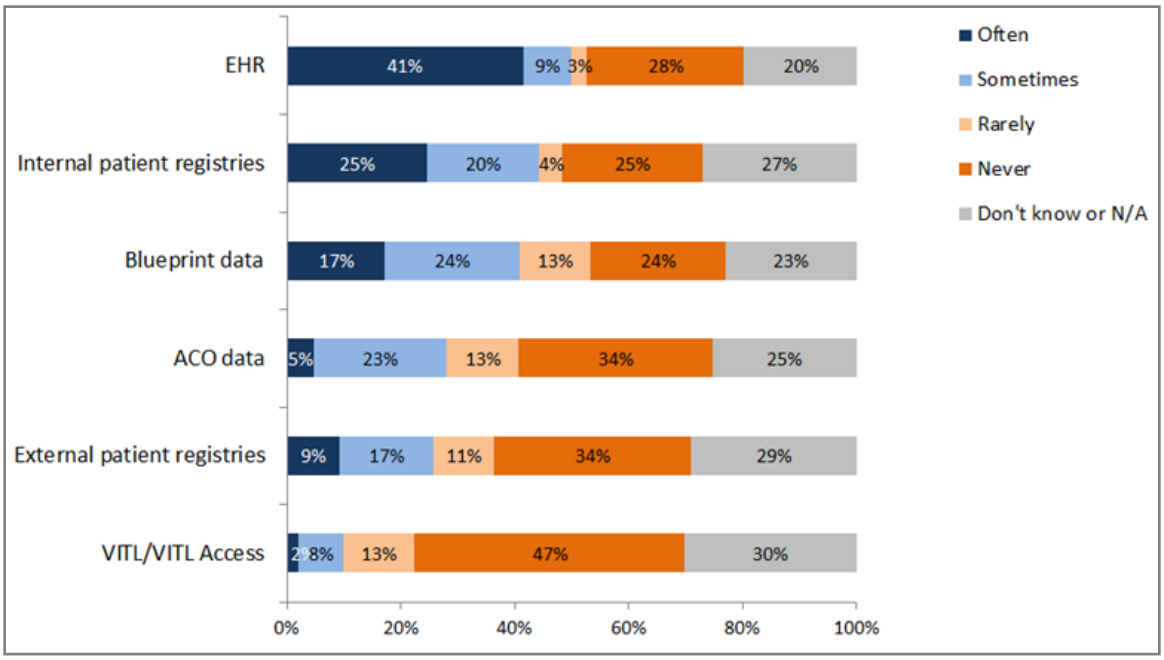


Figure 9: Provider use of data systems in support of patient/client care or quality improvement



6. Summary of Results across the Two Surveys

The major domains of these two surveys were consistent in covering care coordination, payment reform and use of data. Where appropriate, the same question was used in both surveys, and this provides an opportunity to look at some differences and where there was consensus between the two survey respondent pools in their perceptions and understanding.

Care Coordination:

Provider and care coordinator responses were compared looking at two major questions:

1. What is the impact of care coordination activities?
2. How would you rate the difficulty that you have in doing the following activities to get patients/clients the services they need?

Respondents of both the provider and care coordinator surveys rated the Community Health Teams most highly for impact (39% by provider survey and 53% by the care coordinator survey). The program rated second most highly for impact was the Community Collaboratives by the provider survey, and the Integrated Communities Care Management Learning Collaborative by the respondents to the care coordinator survey. These differences are not surprising given the differences in familiarity in various activities between the two groups. More providers were familiar with the Community Collaboratives (38%) than the Integrated Communities Care Management Learning Collaborative (26%).

Respondents to both surveys rated the level of ease or difficulty in care coordination within their organization, externally, and with programs such as SASH and Blueprint care coordinators. To these questions, the responses across the surveys have a similar distribution in rating the ease of coordination across entities with two exceptions. One difference is that provider respondents viewed it as easier to coordinate with outside organizations than care coordinator respondents. Thirty-seven percent (37%) of care coordinator respondents rated "coordination with providers outside my organization" as somewhat or very easy compared to 48% of provider respondents. Another difference is that 48% of respondents of the care coordinator survey rated coordination with SASH as very easy compared to 11% of provider respondents. However, 45% of providers replied "don't know" in response to coordination with SASH indicating they delegate this to someone on their team, or don't work with SASH.

Payment Reform:

Across both surveys, a major finding is that many respondents were not familiar with or did not feel confident in answering questions regarding payment reform. When asked "Are any portion of payments to the practice where you spend the majority of your time based on performance of quality of care, costs, efficiency, or any other performance metrics for any insurer?" Thirty-seven percent (37%) of care coordinator respondents and 28% of provider respondents replied "don't know."

Participation in ACOs across the two surveys was very different with 47% of provider respondents and 82% of care coordinator respondents, indicating the organization/practice where they spend the majority of their time is part of an ACO. Ten percent (10%) of provider respondents said ACO participation had a positive impact on their ability to deliver quality care as compared to 18% of care coordinator respondents. The majority of respondents of both surveys said they "don't know" (Care Coordinator 61% and Provider 50%).

More time, experience, and knowledge of ACO participation will be needed for individuals to assess what it means for their practice of care and quality.

In contrast to ACOs, respondents had the most confidence in assessing impact of the Hub and Spoke program on quality. Only 11% of provider respondents and 15% of care coordinator respondents replied "don't know" on the impact of the hub and spoke program. Seventy-six (76%) of providers and 80% percent of care coordinator respondents identified that the program had a positive impact on their ability to improve quality of care.

Use of Health Data

While the majority of both providers and care coordinators reported being data driven, a much smaller share reported having adequate access to data and adequate analytic capacity.

In terms of using specific data systems, about half as many care coordinators reported using EHRs "often," as compared to providers. Use rates were within 5% across provider types for internal patient registries, ACO data, external patient registries, and VITL/VITL Access. Blueprint data was used more by care coordinators. While very few providers use an event notification system, including Patient Ping, event notification was much more common among care coordinators, and they showed a strong preference for Patient Ping.

7. Primary Care Provider Survey Frequency Tables

The full set of questions and responses to the SIM Primary Care Provider Survey are presented in this section.

Section A

A1. In which Health Service Area (HSA) do you spend the majority of your time serving patients?	Frequency	Percent
Barre	35	10%
Bennington	27	8%
Brattleboro	26	8%
Burlington	108	32%
Middlebury	15	4%
Morrisville	16	5%
Newport	12	4%
Randolph	13	4%
Rutland	25	7%
Springfield	9	3%
St Albans	17	5%
St Johnsbury	19	6%
Upper Valley	15	4%
Windsor	4	1%
Frequency Missing = 3		

A2. What is your specialty?	Frequency	Percent
Family Medicine	145	43%
Internal Medicine	64	19%
Ob/Gyn	38	11%
Pediatrics	61	18%
Other Primary Care	11	3%
Other - non Primary Care, please specify:	21	6%
Frequency Missing = 4		

A3. What is your training?	Frequency	Percent
MD/DO	236	69%
NP/PA/APRN	108	31%
Other certification, please specify	3	1%

A4. Type of practice:	Frequency	Percent
Solo practice:	36	10%
Single-specialty primary care practice	109	32%
Multiple specialty group practice	23	7%
Group or staff model HMO	1	0%
Federally-qualified health center or rural health center	70	20%
Owned by a hospital or hospital system	120	35%
Patient Centered Medical Home (PCMH)	84	24%
Other	27	8%

A4.Type of practice - categorical	Frequency	Percent
Hospital Affiliated	152	44%
FQHC	57	17%
Solo practice, Single-Specialty PC, Multi-Specialty Group	116	34%
Other (including PCMH)	19	6%

A5. How many providers (physicians, physician assistants, nurse practitioners) provide care either full-time or part-time in the practice?	Frequency	Percent
1 provider	24	7%
2-5 providers	131	38%
6-10 providers	122	36%
11-30 providers	47	14%
Over 30 providers	18	5%
Frequency Missing = 2		

Section B

B1. Based on the above definition, how well is the practice doing regarding care coordination?	Frequency	Percent
Very well	144	42%
Well in some ways, but not very well in others	182	53%
Not very well	9	3%
Poorly	3	1%
Don’t know	3	1%
Frequency Missing = 3		

B2. What is needed to improve care coordination in [your practice]:	Frequency	Percent
More care managers	111	32%
More access to training and standardized tools?	35	10%
Better/higher reimbursement for care coordination services	170	49%
Better identification of patients in need of care management services	63	18%
Better knowledge of resources available to patients	105	31%
Better data capabilities to track patients	69	20%
More services to refer patients to	157	46%
Nothing more is needed	11	3%
Other, please specify	55	16%

B3. Based on the above definition, how well is [your HSA] doing regarding care coordination?	Frequency	Percent
Very well	45	13%
Well in some ways, but not very well in others	222	65%
Not very well	39	12%
Poorly	4	1%
Don't know	29	9%
Frequency Missing = 5		

B4. What is needed to improve care coordination in [your HSA]:	Frequency	Percent
More care managers	109	32%
More access to training and standardized tools?	28	8%
Better/higher reimbursement for care coordination services	131	39%
Better identification of patients in need of care management services	62	18%
Better knowledge of resources available to patients	91	27%
Better data capabilities to track patients	73	22%
More services to refer patients to	144	43%
Nothing more is needed	6	2%
Other, please specify	53	16%
Frequency missing = 6		

B5. Thinking of the past year, how would you describe your involvement in ...	I am unaware	I am aware	I have representation	I am personally involved	Total respondents
Community collaboratives (also known as: regional collaboratives, UCCs)	53%	13%	21%	12%	340
Integrated Communities Care Management Learning Collaborative	65%	12%	18%	4%	336
Core Competency training for front line care managers	71%	11%	17%	1%	333
Community Health Teams	16%	12%	29%	44%	340
Accountable Community for Health Peer Learning Lab	87%	6%	6%	1%	338

B6. In improving the quality of care coordination, the impact of:	I am unaware or my practice has not been involved	Significant and negative impact	Some negative impact	No impact	Some positive impact	Significant and positive impact	Total respondents
Community collaboratives (also known as: regional collaboratives, UCCs)	62%	0%	0%	9%	23%	5%	334
Integrated Communities Care Management Learning Collaborative	74%	0%	0%	9%	12%	4%	331
Core Competency training for front line care managers	79%	1%	0%	8%	10%	3%	330
Community Health Teams	21%	0%	0%	5%	35%	39%	339
Accountable Community for Health Peer Learning Lab	88%	0%	0%	8%	3%	1%	330

B7. When patients need to be linked to outside resources, how often is it ...	Never	Sometimes (<50%)	Frequently (>50%)	Always	Total respondents
... done well within my setting	15%	54%	27%	4%	334
... done systematically	3%	21%	42%	25%	304
... actively accomplished	2%	13%	45%	36%	323
... passively accomplished	11%	59%	16%	5%	300

B8. How would you rate the difficulty you have in the following activities ...	Very difficult	Somewhat difficult	Average	Somewhat easy	Very Easy	Don't know/NA	Total respondents
Care coordination with providers within my practice	0%	4%	10%	17%	61%	7%	339
Care coordination with providers outside my practice	3%	18%	28%	39%	9%	3%	337
Care coordination with the Blueprint for Health Community Health Teams	3%	5%	13%	18%	20%	41%	337
Care coordination with the Support and Services at Home (SASH) Program Wellness Nurses or Coordinators	4%	8%	16%	16%	11%	45%	337
Assistance with transitions of care between one setting and another	4%	17%	30%	22%	12%	14%	339

Section C

C1. Are any portion of payments to the practice based on performance for quality of care, costs, efficiency, or any other performance metrics for any insurer?	Frequency	Percent
No	75	22%
Yes	168	50%
Don’t know	94	28%
Frequency Missing = 7		

C2. To what extent would you say performance-based payments have affected decisions regarding clinical, administrative or other operational improvements at the practice?	Frequency	Percent
Made a lot better	5	3%
Made somewhat better	50	31%
No change	44	28%
Made somewhat worse	31	19%
Made a lot worse	14	9%
Don't know	16	10%
Frequency Missing = 184		

C3. In which of the following ACOs does the practice participate?	Frequency	Percent
One Care Vermont	126	37%
Community Health Accountable Care (CHAC)	27	8%
VCP/Healthfirst	28	8%
None	56	16%
Don't know	128	37%
Frequency Missing = 1		

C4. To what extent has participation with ACO Shared Savings Programs affected your ability to improve the quality of services at the practice?	Frequency	Percent
Made a lot better	4	2%
Made somewhat better	18	8%
No change	74	34%
Made somewhat worse	10	5%
Made a lot worse	3	1%
Don't know	109	50%
Frequency Missing = 126		

C5. To what extent has participation with ACO Shared Savings Programs affected your ability to reduce health care costs at the practice?	Frequency	Percent
Made a lot better	1	0%
Made somewhat better	11	5%
No change	70	32%
Made somewhat worse	12	6%
Made a lot worse	2	1%
Don't know	122	56%
Frequency Missing = 126		

C6. To what extent has participation with ACO Shared Savings Programs affected your ability to improve health outcomes for your patients at the practice?	Frequency	Percent
Made somewhat better	27	12%
No change	76	33%
Made somewhat worse	6	3%
Made a lot worse	1	0%
Don't know	118	52%
Frequency Missing = 116		

C7. Does the practice participate in the Blueprint for Health's payments?	Frequency	Percent
No	51	15%
Yes	186	56%
Don't know	98	29%
Frequency Missing = 9		

C8. To what extent has participation in Blueprint for Health's payments affected your ability to improve quality of services at the practice?	Frequency	Percent
Made a lot better	44	23%
Made somewhat better	82	43%
No change	29	15%
Made somewhat worse	7	4%
Made a lot worse	2	1%
Don't know	26	14%
Frequency Missing = 154		

C9. To what extent has participation in Blueprint for Health's payments affected your ability to reduce health care costs at the practice?	Frequency	Percent
Made a lot better	7	4%
Made somewhat better	42	22%
No change	49	26%
Made somewhat worse	16	8%
Made a lot worse	4	2%
Don't know	71	38%
Frequency Missing = 155		

C10. To what extent has participation in Blueprint for Health's payments affected your ability to improve health outcomes for your patients at the practice?	Frequency	Percent
Made a lot better	29	15%
Made somewhat better	71	38%
No change	39	21%
Made somewhat worse	1	1%
Made a lot worse	1	1%
Don't know	48	25%
Frequency Missing = 155		

C11. Does the practice participate in the Hub and Spoke Program for people with opioid dependence?	Frequency	Percent
Yes, as a Hub	8	2%
Yes, as a Spoke	111	33%
Do not participate	153	46%
Don't know	64	19%
Frequency Missing = 8		

C12. To what extent has participation in Hub and Spoke Program affected your ability to improve quality of services at the practice?	Frequency	Percent
Made a lot better	41	34%
Made somewhat better	50	42%
No change	12	10%
Made somewhat worse	2	2%
Made a lot worse	2	2%
Don't know	13	11%
Frequency Missing = 224		

C13. To what extent has participation in Hub and Spoke Program affected your ability to reduce health care costs at the practice?	Frequency	Percent
Made a lot better	13	11%
Made somewhat better	17	14%
No change	31	26%
Made somewhat worse	6	5%
Made a lot worse	1	1%
Don't know	51	43%
Frequency Missing = 225		

C14. To what extent has participation in Hub and Spoke Program affected your ability to improve health outcomes for your patients at the practice?	Frequency	Percent
Made a lot better	30	25%
Made somewhat better	58	49%
No change	9	8%
Made somewhat worse	2	2%
Made a lot worse	1	1%
Don't know	18	15%
Frequency Missing = 226		

C15. How ready do you feel as a primary care provider to have some amount of your compensation tied to performance?	Frequency	Percent
Very ready	52	15%
Somewhat ready	132	39%
A little ready	56	16%
Not at all ready	100	29%
Frequency Missing = 4		

C16. What is the length of time before you would be ready to have some amount of your compensation tied to performance? =	Frequency	Percent
< 1 year	13	7%
1-2 years	36	20%
3-5 years	20	11%
6+ years	12	7%
Don't know	97	54%
Frequency Missing = 166		

C17. How ready do you feel the practice to have some level of payment based on performance?	Frequency	Percent
Very ready	44	13%
Somewhat ready	139	42%
A little ready	61	18%
Not at all ready	87	26%
Frequency Missing = 13		

C18. What is the length of time before the practice would be ready to have some amount of your compensation tied to performance?	Frequency	Percent
< 1 year	12	7%
1-2 years	31	19%
3-5 years	25	15%
6+ years	13	8%
Don't know	84	51%
Frequency Missing = 179		

C19. Which of the following would make you more ready to participate in alternative payment models ...	Very important	Somewhat important	A little important	Not at all important	Don't know/NA	Total respondents
Being part of a larger organization to diminish individual risk and bear risk collectively	33%	25%	8%	12%	22%	323
Having better monitoring tools for patient tracking	52%	24%	9%	5%	10%	325
Having better cost analytics and performance monitoring tools	50%	23%	8%	4%	15%	323
Having effective patient attribution methodology	46%	18%	6%	3%	27%	323
Having effective relationships with partners (in terms of fulfilling patient needs)	45%	24%	8%	3%	18%	319
Having better data sharing capacities across partner organizations	46%	29%	7%	5%	13%	321
Having a standard set of quality measures (across all payers) to track clinical performance	56%	24%	5%	4%	10%	325
Having more care management capacity	47%	28%	7%	4%	13%	320
Training and/or technical assistance for practice transformation expertise	38%	31%	9%	6%	16%	319

C19. Which of the following would make you more ready to participate in alternative payment models ...	Very important	Somewhat important	A little important	Not at all important	Don't know/NA	Total respondents
Training and/or technical assistance to negotiate 3rd-party contracts	27%	23%	10%	7%	33%	318
Avoiding participation in MACRA or MIPS	13%	9%	4%	5%	70%	320
Other	21%	1%	0%	1%	76%	139

C20. In how many of your contracts does the practice bear the following kinds of financial risk ...	None of our contracts	Some of our contracts (1-50%)	More than half of our contracts (>50%)	Don't know/NA	Total respondents
Risk for physical health care	13%	5%	3%	78%	323
Risk for mental or behavioral health	15%	3%	3%	79%	327
Risk for care your patients get in a different setting (such as the ED)	14%	6%	2%	78%	324
Bundled payments around care episodes	13%	5%	3%	80%	325
Withholds designed to incentivize quality	13%	7%	1%	79%	322
Other kinds of risk arrangements not mentioned here	11%	0%	0%	88%	230

C21. What proportion of your practice's patients are covered by a risk-based contract at the practice?	Frequency	Percent
None (0%)	57	17%
Some of our patients (1%-50%)	28	9%
More than half of our patients (>50%)	6	2%
Don’t know	238	72%
Frequency Missing = 15		

Section D

D1. Please state the extent to which you agree/disagree with the following statement: Data drives the transformation of the practice and the practice's behavior	Frequency	Percent
Strongly agree	43	13%
Somewhat agree	149	45%
Somewhat disagree	74	23%
Strongly disagree	44	13%
Don't know	18	5%
Frequency Missing = 16		

D2. How often do you use the following data systems in support of patient care or QI ...	Often	Sometimes	Rarely	Never	Don't know/NA	Total respondents
EHR	77%	8%	4%	5%	5%	331
VITL/VITL Access	6%	12%	13%	39%	30%	328
External patient registries	12%	17%	17%	28%	27%	326
Internal patient registries	24%	20%	11%	20%	25%	329
ACO data	2%	13%	11%	34%	39%	329
Blueprint data	10%	21%	13%	26%	29%	331

D3. Which best describes the data analysis capacity of the practice?	Frequency	Percent
We rely primarily on internal support for data analysis	208	63%
We rely primarily on external support for data analysis	21	6%
Don't know	100	30%
Frequency Missing = 15		

D4. Please state the extent to which you agree/disagree with the following statement: I have adequate analytic capability and support to use data to improve patient care at the practice	Frequency	Percent
Strongly agree	38	12%
Somewhat agree	98	30%
Somewhat disagree	68	21%
Strongly disagree	79	24%
Don't Know	47	14%
Frequency Missing = 14		

D5. How capable is the practice using the following data systems in support of patient care or QI ...	Very capable	Somewhat capable	A little capable	Not at all capable	Don't know/NA	Total respondents
EHR	43%	29%	11%	6%	11%	329
DVITL/VITL Access	6%	12%	10%	13%	60%	326
External patient registries	12%	18%	10%	8%	51%	324
Internal patient registries	23%	21%	10%	6%	39%	325
ACO data	5%	14%	9%	9%	63%	321
Blueprint data	13%	20%	10%	8%	49%	327

D6. Please state the extent to which you agree/disagree with the following statement: "I have adequate access to quality reporting and measurement data at the practice where I spend the majority of time"	Frequency	Percent
Strongly agree	49	15%
Somewhat agree	110	34%
Somewhat disagree	64	20%
Strongly disagree	67	21%
Don't Know	35	11%
Frequency Missing = 19		

D7. How often do you use the following sources of quality reporting and measurement data ...	Often	Sometimes	Rarely	Never	Don't know/NA	Total respondents
EHR	41%	26%	9%	13%	11%	328
VITL/VITL Access	2%	10%	9%	42%	37%	328
External patient registries	8%	14%	14%	30%	34%	325
Internal patient registries	17%	22%	9%	22%	30%	326
ACO data	2%	12%	11%	32%	43%	324
Blueprint data	9%	20%	12%	26%	33%	323

D8. Which statement is most true in regards to event notification systems (such as Patient Ping)?	Frequency	Percent
Patient Ping is the primary event notification system I use	7	2%
I use some event notification system other than Patient Ping	50	16%
I do not use an event notification system	262	82%
Frequency Missing = 25		

D9. Please state the extent to which you agree/disagree with the following statement: The event notification system has changed the way staff at the practice behave	Frequency	Percent
Strongly agree	2	2%
Somewhat agree	25	25%
Somewhat disagree	7	7%
Strongly disagree	14	14%
Don't Know	53	52%
Frequency Missing = 243		

8. Care Coordinator Survey Frequency Tables

The full set of questions and responses to the SIM Care Coordinator Survey are presented in this section.

Section A

A1. In which Health Services Area (HSA) do you spend the majority of your time serving patients/clients?	Frequency	Percent
Barre	16	10%
Bennington	7	4%
Brattleboro	12	8%
Burlington	48	30%
Middlebury	14	9%
Morrisville	6	4%
Newport	1	1%
Randolph	5	3%
Rutland	16	10%
Springfield	6	4%
St Albans	11	7%
St Johnsbury	9	6%
Upper Valley	1	1%
Windsor	7	4%
Frequency Missing = 1		

A1. HSA - categorical	Frequency	Percent
Central	27	17%
South West	37	23%
South East	25	16%
North West	59	37%
NEK	11	7%
Frequency Missing = 1		

A3. What is your background or training?	Frequency	Percent
RN	48	30%
BSN	24	15%
LSW	1	1%
LADC, MAC or other substance use counselor	4	3%
LICSW	8	5%
LCMHC	2	1%
BS/BS	37	23%
MPH	2	1%
MD/DO	3	2%
NP/PA/APRN	5	3%
Community health worker	23	14%
Other certification	47	29%
Other degree, please specify	47	29%

A3. What is your background or training – categorical	Frequency	Percent
MD/DO,NP/PA/APRN	8	5%
LSW,LADC,MAC,LICSW,LCMHC	13	8%
RN,BSN	49	31%
CHW	18	11%
BA/BS	29	18%
Other	43	27%

A4. Type of practice:	Frequency	Percent
Solo practice	3	2%
Single-specialty primary care practice	13	8%
Multiple specialty group practice	7	4%
Group or staff model HMO	160	100%
Federally-qualified health center or rural health center	24	15%
Owned by a hospital or hospital system	27	17%
Academic Medical Center practice	3	2%
Patient Centered Medical Home (PCMH)	32	20%
Community mental health center	6	4%
Substance abuse treatment facility/organization	4	3%
Housing organization	50	31%
Visiting nurse association	8	5%
Area agency on aging	5	3%
Long term care facility	3	2%
Social service agency, please specify	15	9%
Other, please specify	32	20%

A4. Type of practice - categorical	Frequency	Percent
Clinical	55	34%
Mental Health or Substance Use	11	7%
SASH	52	33%
Other	42	26%

Section B

B1. Based on the above definition, how well is the practice/organization you spend the majority of your time doing regarding care coordination?	Frequency	Percent
Very well	67	42%
Well in some ways, but not well in others	90	56%
Not very well	2	1%
Don't know	1	1%

B2. What is needed to improve care coordination in [your practice]:	Frequency	Percent
More care managers	58	36%
More access to training and standardized tools?	19	12%
Better/higher reimbursement for care coordination services	60	38%
Better identification of patients in need of care management services	31	20%
Better knowledge of resources available to patients	30	19%
Better data capabilities to track patients	58	36%
More services to refer patients to	68	43%
Nothing more is needed	2	1%
Other, please specify	46	29%
Frequency Missing = 1		

B3. Based on that definition, how well do you think [your HSA] is doing regarding care coordination?	Frequency	Percent
Very well	42	26%
Well in some ways, but not well in others	101	64%
Not very well	9	6%
Poorly	3	2%
Don't know	4	3%
Frequency Missing = 1		

B4. What is needed to improve care coordination in [your HSA]: (Please identify top three needs)	Frequency	Percent
More care managers	58	37%
More access to training and standardized tools?	23	15%
Better/higher reimbursement for care coordination services	56	36%
Better identification of patients in need of care management services	42	27%
Better knowledge of resources available to patients	35	23%
Better data capabilities to track patients	58	37%
More services to refer patients to	65	42%
Nothing more is needed	3	2%
Other, please specify	47	30%

B5. Thinking of the past year, how would you describe your involvement in ...	I am unaware	I am aware	I have representation	I am personally involved	Total respondents
Community collaboratives (also known as: regional collaboratives, UCCs)	16%	14%	30%	40%	159
Integrated Communities Care Management Learning Collaborative	11%	13%	22%	53%	159
Core Competency training for front line care managers	13%	13%	28%	46%	159
Community Health Teams	2%	6%	25%	67%	159
Accountable Community for Health Peer Learning Lab	60%	15%	15%	10%	159

B5. Involvement in Collaborative Structures/Activities (Score: 0 to 8, Low to High) – score breakdown	Frequency	Percent
Low	17	11%
Medium	28	18%
High	115	72%

B6. Please rate the following in improving the quality of care coordination ...	I am unaware/not involved	Significant negative impact	Some negative impact	No impact	Some positive impact	Significant positive impact	Total respondents
Community collaboratives (also known as: regional collaboratives, UCCs)	25%	0%	1%	14%	45%	15%	159
Integrated Communities Care Management Learning Collaborative	19%	1%	1%	9%	44%	26%	159
Core Competency training for front line care managers	23%	1%	1%	14%	43%	18%	159
Community Health Teams	2%	1%	1%	6%	37%	53%	159
Accountable Community for Health Peer Learning Lab	64%	1%	0%	11%	18%	6%	159

B7. When patients need to be linked to outside resources, how often is it ...	Never	Sometimes (<50%)	Frequently (>50%)	Always	Don't know	Total respondents
... done systematically	8%	19%	46%	16%	11%	159
... actively accomplished	1%	11%	60%	19%	9%	159
... passively accomplished	10%	57%	14%	6%	13%	159

B8. How would you rate the difficulty you have in the following activities ...	Very difficult	Somewhat difficult	Average	Somewhat easy	Very Easy	Don't know/NA	Total respondents
Care coordination with providers within my practice/organization	1%	8%	11%	21%	48%	11%	159
Care coordination with providers outside my practice/organization	5%	23%	28%	29%	8%	8%	160
Care coordination with the Blueprint for Health Care Coordinators	1%	5%	19%	21%	31%	23%	160
Care coordination with the Support and Services at Home (SASH) Program Wellness Nurses or Coordinators	1%	6%	11%	14%	48%	20%	160
Assistance with transitions of care between one setting and another	4%	26%	28%	28%	8%	8%	160

B9B. Within my community collaborative	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	11%	30%	26%	16%	18%	159
2. Mutual trust	18%	26%	27%	11%	18%	159
3. Effective communication	10%	31%	26%	15%	18%	159

B9C. Specialty care	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	13%	23%	36%	12%	16%	156
2. Mutual trust	12%	20%	43%	8%	17%	156
3. Effective communication	12%	21%	37%	15%	16%	156

B9D. Inpatient care	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	14%	19%	37%	13%	17%	156
2. Mutual trust	13%	22%	33%	15%	18%	156
3. Effective communication	11%	17%	33%	21%	17%	156

B9E. Mental health services	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	12%	25%	28%	28%	8%	156
2. Mutual trust	14%	22%	31%	24%	8%	156
3. Effective communication	12%	17%	26%	37%	8%	156

B9F. Substance abuse services	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	12%	14%	28%	18%	28%	156
2. Mutual trust	10%	14%	31%	16%	28%	156
3. Effective communication	10%	15%	23%	24%	28%	156

B9G. Long-term and disability care	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	8%	22%	33%	16%	22%	156
2. Mutual trust	8%	22%	33%	14%	23%	156
3. Effective communication	8%	20%	33%	17%	22%	156

B9H. Home care	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	15%	31%	28%	12%	15%	156
2. Mutual trust	17%	27%	28%	13%	15%	156
3. Effective communication	16%	24%	26%	19%	15%	156

B9I. Social services	Very strong	Somewhat strong	Average	Somewhat weak	Don't know/NA	Total respondents
1. Clear roles	17%	31%	29%	12%	10%	156
2. Mutual trust	18%	37%	28%	8%	10%	156
3. Effective communication	19%	29%	30%	13%	10%	156

Section C

C1. Are any portion of payments to the practice/organization based on performance for quality of care, costs, efficiency, or any other performance metrics for any insurer (e g , Medicare, Medicaid, or commercial insurance groups)?	Frequency	Percent
No	47	30%
Yes	50	32%
Don't know	59	38%
Frequency Missing = 4		

C2. To what extent would you say performance-based payments have affected decisions regarding clinical, administrative or other operational improvements at the practice/organization?	Frequency	Percent
Made it a lot better	4	8%
Made it somewhat better	17	35%
No change	9	18%
Made it somewhat worse	5	10%
Don't know	14	29%
Frequency Missing = 111		

C3. In which of the following ACOs does the practice participate?	Frequency	Percent
One Care Vermont	72	46%
Community Health Accountable Care (CHAC)	30	19%
VCP/Healthfirst	7	5%
None	27	17%
Don’t know	40	26%
Frequency Missing = 1		

C4. To what extent has participation with ACO Shared Savings Programs affected your ability to improve quality of services at the practice/organization?	Frequency	Percent
Made it a lot better	1	1%
Made it somewhat better	27	18%
No change	25	16%
Made it somewhat worse	5	3%
Made it a lot worse	1	1%
Don't know	94	61%
Frequency Missing = 7		

C5. To what extent has participation with ACO Shared Savings Programs affected your ability to reduce health care costs at the practice/organization?	Frequency	Percent
Made it a lot better	4	3%
Made it somewhat better	17	11%
No change	27	18%
Made it somewhat worse	2	1%
Made it a lot worse	1	1%
Don't know	101	66%
Frequency Missing = 8		

C6. To what extent has participation with ACO Shared Savings Programs affected your ability to improve health outcomes for your patients at the practice/organization?	Frequency	Percent
Made it a lot better	4	3%
Made it somewhat better	25	16%
No change	25	16%
Don't know	99	65%
Frequency Missing = 7		

C7. Does the practice/organization participate in the Blueprint for Health's payments?	Frequency	Percent
No	28	18%
Yes	73	48%
Don't know	51	34%
Frequency Missing = 8		

C8. To what extent has participation in Blueprint for Health's payments affected your ability to improve quality of services at the practice/organization?	Frequency	Percent
Made it a lot better	36	49%
Made it somewhat better	20	27%
No change	6	8%
Made it somewhat worse	2	3%
Don't know	9	12%
Frequency Missing = 87		

C9. To what extent has participation in Blueprint for Health's payments affected your ability to reduce health care costs at the practice/organization?	Frequency	Percent
Made it a lot better	24	33%
Made it somewhat better	25	34%
No change	7	10%
Made it a lot worse	1	1%
Don't know	16	22%
Frequency Missing = 87		

C10. To what extent has participation Blueprint for Health's payments affected your ability to improve health outcomes for your patients at the practice/organization?	Frequency	Percent
Made it a lot better	33	45%
Made it somewhat better	22	30%
No change	8	11%
Don't know	10	14%
Frequency Missing = 87		

C11. Does the practice/organization participate in the Hub and Spoke Program for people with opioid dependence?	Frequency	Percent
Yes, as a Hub	6	4%
Yes, as a Spoke	34	22%
Do not participate	68	45%
Don't know	44	29%
Frequency Missing = 8		

C12. To what extent has participation in Hub and Spoke Program affected your ability to improve quality of services at the practice/organization?	Frequency	Percent
Made it a lot better	13	33%
Made it somewhat better	19	48%
No change	1	3%
Made it somewhat worse	1	3%
Don't know	6	15%
Frequency Missing = 120		

C13. To what extent has participation in Hub and Spoke Program affected your ability to reduce health care costs at the practice/organization?	Frequency	Percent
Made it a lot better	7	18%
Made it somewhat better	11	28%
No change	4	10%
Made it somewhat worse	2	5%
Made it a lot worse	1	3%
Don't know	15	38%
Frequency Missing = 120		

C14. To what extent has participation in Hub and Spoke Program affected your ability to improve health outcomes for your patients at the practice/organization?	Frequency	Percent
Made it a lot better	14	35%
Made it somewhat better	15	38%
No change	1	3%
Don't know	10	25%
Frequency Missing = 120		

Section D

D1. Please state the extent to which you agree/disagree with the following statement: Data drives the transformation of the practice and the practice's behavior	Frequency	Percent
Strongly agree	36	24%
Somewhat agree	79	52%
Somewhat disagree	20	13%
Strongly disagree	7	5%
Don't know	10	7%
Frequency Missing = 8		

D2. How often do you use the following data systems in support of patient care or QI ...	Often	Sometimes	Rarely	Never	Don't know/NA	Total respondents
EHR	41%	9%	3%	28%	20%	152
VITL/VITL Access	2%	8%	13%	47%	30%	152
External patient registries	9%	17%	11%	34%	29%	151
Internal patient registries	25%	20%	4%	25%	27%	151
ACO data	5%	23%	13%	34%	25%	150
Blueprint data	17%	24%	13%	24%	23%	152

D3. Which best describes the data analysis capacity of the practice?	Frequency	Percent
We rely primarily on internal support for data analysis	96	63%
We rely primarily on external support for data analysis	14	9%
Don't know	42	28%
Frequency Missing = 8		

D4. Please state the extent to which you agree/disagree with the following statement: I have adequate analytic capability and support to use data to improve patient care at the practice	Frequency	Percent
Strongly agree	20	13%
Somewhat agree	62	41%
Somewhat disagree	27	18%
Strongly disagree	25	16%
Don't know	18	12%
Frequency Missing = 8		

D5. How capable is the practice using the following data systems in support of patient care or QI ...	Very capable	Somewhat capable	A little capable	Not at all capable	Don't know/NA	Total respondents
EHR	30%	15%	8%	5%	41%	152
DVITL/VITL Access	10%	8%	10%	8%	64%	152
External patient registries	13%	15%	9%	7%	57%	152
Internal patient registries	24%	18%	6%	5%	47%	152
ACO data	11%	16%	9%	7%	57%	152
Blueprint data	19%	23%	9%	3%	47%	151

D6. Please state the extent to which you agree/disagree with the following statement	Frequency	Percent
Strongly agree	18	12%
Somewhat agree	69	45%
Somewhat disagree	28	18%
Strongly disagree	19	13%
Don't know	18	12%
Frequency Missing = 8		

D7. How often do you use the following sources of quality reporting and measurement data ...	Often	Sometimes	Rarely	Never	Don't know/NA	Total respondents
EHR	41%	26%	9%	13%	11%	328
VITL/VITL Access	2%	10%	9%	42%	37%	328
External patient registries	8%	14%	14%	30%	34%	325
Internal patient registries	17%	22%	9%	22%	30%	326
ACO data	2%	12%	11%	32%	43%	324
Blueprint data	9%	20%	12%	26%	33%	323

D8. Which statement is most true in regards to event notification systems (such as Patient Ping)?	Frequency	Percent
Patient Ping is the primary event notification system I use	61	40%
I use some event notification system other than Patient Ping	17	11%
I do not use and event notification system	74	49%
Frequency Missing = 8		

D9. Please state the extent to which you agree/disagree with the following statement: The event notification system has changed the way staff at the practice behave	Frequency	Percent
Strongly agree	17	22%
Somewhat agree	35	45%
Somewhat disagree	6	8%
Strongly disagree	4	5%
Don't know	15	19%
Frequency Missing = 83		

9. Level of Engagement with SIM Activities Crosstabs

Provider Cross tabs of select questions with Level of Engagement Index developed from Question B5 "Please rate your level of involvement with the following collaborative structures or activities". The Level of Engagement crosstabs provide an opportunity to explore differences in responses between those that were more or less engaged with SIM funded care coordination activities such as the Community Collaboratives or the Accountable Communities for Health Learning Lab. A description of the development of the Level of Engagement Index is provided in the Methodology section of the report.

	Level of Engagement			*Percent by Column*
A3. What is your training?	**Low**	**Medium**	**High**	**Total respondents**
MD/DO	65%	77%	69%	236
NP/PA/APRN	35%	23%	31%	108

	Level of Engagement			*Percent by Row*
A4. Type of practice:	**Low**	**Medium**	**High**	**Total respondents**
Hospital affiliated	59%	29%	13%	152
FQHC	58%	26%	16%	57
Solo practice, single-specialty, multi-specialty	59%	27%	14%	116
Other (including PCMH)	53%	26%	21%	19

	Level of Engagement			*Percent by Column*
A5. How many providers (physicians, physician assistants, nurse practitioners) provide care either full-time or part-time in the practice?	**Low**	**Medium**	**High**	**Total respondents**
1 provider	9%	4%	6%	24
2-5 providers	43%	28%	40%	131
6-10 providers	32%	43%	38%	122
11-30 providers	13%	19%	9%	47
Over 30 providers	5%	5%	6%	18

B1. How well is your practice doing regarding care coordination?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Very well	40%	45%	48%	144
Well in some ways, but not well in others	55%	52%	48%	182
Not very well	2%	3%	4%	9
Poorly	2%	0%	0%	3
Don't know	2%	0%	0%	3

B3. How well is your HAS doing regarding care coordination?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Very well	12%	14%	17%	45
Well in some ways, but not well in others	63%	69%	67%	222
Not very well	12%	9%	13%	39
Poorly	2%	0%	0%	4
Don't know	10%	7%	4%	29

B7a. When patients need to be linked to outside resources, how often is it done well within your setting?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Never	0%	0%	0%	0
Sometimes (less than 50% of the time)	17%	13%	11%	49
Frequently (more than 50% of the time)	50%	62%	60%	182
Always	29%	22%	28%	89
Don't know	5%	3%	2%	14

B7b. When patients need to be linked to outside resources, how often is it done systematically?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Never	5%	2%	0%	11
Sometimes (less than 50% of the time)	23%	18%	19%	70
Frequently (more than 50% of the time)	36%	48%	54%	139
Always	28%	22%	21%	84
Don't know	8%	10%	6%	28

B7c. When patients need to be linked to outside resources, how often is it actively accomplished?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Never	2%	2%	0%	6
Sometimes (less than 50% of the time)	15%	11%	13%	45
Frequently (more than 50% of the time)	38%	54%	54%	151
Always	39%	31%	31%	121
Don't know	6%	2%	2%	14

B7d. When patients need to be linked to outside resources, how often is it passively accomplished?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Never	12%	6%	13%	35
Sometimes (less than 50% of the time)	55%	69%	54%	194
Frequently (more than 50% of the time)	17%	13%	17%	53
Always	5%	5%	9%	18
Don't know	11%	6%	7%	29

B8b. How would you rate the difficulty you have in care coordination with providers outside my practice/organization?	Level of Engagement			*Percent by Column*
	Low	**Medium**	**High**	**Total respondents**
Very difficult	3%	5%	0%	10
Somewhat difficult	17%	13%	31%	61
Average	28%	31%	25%	96
Somewhat easy	38%	41%	35%	131
Very easy	10%	7%	6%	29
Don't know or Not applicable	4%	2%	2%	10

B8e. How would you rate the difficulty you have in assistance with transitions of care between one setting and another?	Level of Engagement			*Percent by Column*
	Low	**Medium**	**High**	**Total respondents**
Very difficult	6%	3%	0%	15
Somewhat difficult	15%	19%	25%	59
Average	31%	31%	23%	101
Somewhat easy	22%	18%	29%	75
Very easy	10%	14%	19%	41
Don't know or Not applicable	16%	15%	4%	48

Care Coordinator Cross tabs of select questions with Level of Engagement Index developed from Question B5 "Please rate your level of involvement with the following collaborative structures or activities". The Level of Engagement crosstabs provide an opportunity to explore differences in responses between those that were more or less engaged with SIM funded care coordination activities such as the Community Collaboratives or the Accountable Communities for Health Learning Lab. A description of the development of the Level of Engagement Index is provided in the Methodology section of the report.

	Level of Engagement			*Percent by Row*
A3. What is your training?	**Low**	**Medium**	**High**	**Total respondents**
MD/DO, NP/PA/APRN	0%	25%	75%	8
LSW, LADC, MAC, LICSW, LCMHC	0%	23%	77%	13
RN, BSN	12%	16%	71%	49
CHW	11%	11%	78%	18
BA/BS	3%	24%	72%	29
Other	19%	14%	67%	43

	Level of Engagement			*Percent by Row*
A4. Type of practice:	**Low**	**Medium**	**High**	**Total respondents**
Clinical	5%	13%	82%	55
Mental Health or Substance Use	0%	18%	82%	11
SASH	10%	25%	65%	52
Other	21%	14%	64%	42

	Level of Engagement			*Percent by Column*
B1. How well is the practice/organization where you spend the majority of your time doing regarding care coordination?	**Low**	**Medium**	**High**	**Total respondents**
Very well	29%	32%	46%	67
Well in some ways, but not well in others	65%	64%	53%	90
Not very well	6%	4%	0%	2
Poorly	0%	0%	0%	0
Don't know	0%	0%	1%	1

B3. How well do you think your HSA is doing regarding care coordination?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Very well	18%	14%	31%	42
Well in some ways, but not well in others	65%	75%	61%	101
Not very well	18%	4%	4%	9
Poorly	0%	7%	1%	3
Don't know	0%	0%	4%	4

B7a. When patients need to be linked to outside resources, how often is it done well within your setting?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Never	6%	7%	8%	12
Sometimes (less than 50% of the time)	19%	18%	19%	30
Frequently (more than 50% of the time)	25%	43%	50%	73
Always	25%	14%	16%	26
Don't know	25%	18%	8%	18

B7b. When patients need to be linked to outside resources, how often is it done systematically?	Level of Engagement			
	Low	Medium	High	Total respondents *Percent by Column*
Never	0%	0%	1%	1
Sometimes (less than 50% of the time)	25%	7%	10%	18
Frequently (more than 50% of the time)	38%	57%	63%	95
Always	13%	21%	20%	31
Don't know	25%	14%	5%	14

B7c. When patients need to be linked to outside resources, how often is it actively accomplished?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Never	6%	25%	7%	16
Sometimes (less than 50% of the time)	50%	43%	62%	91
Frequently (more than 50% of the time)	13%	7%	16%	22
Always	6%	0%	7%	9
Don't know	25%	25%	9%	21

B8b. How would you rate the difficulty you have in care coordination with providers outside your practice/organization?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Very difficult	12%	11%	3%	8
Somewhat difficult	24%	21%	23%	37
Average	18%	39%	27%	45
Somewhat easy	18%	18%	33%	46
Very easy	12%	0%	9%	12
Don't know or Not applicable	18%	11%	5%	12

B8e. How would you rate the difficulty you have in assistance with transitions of care between one setting and another?	Level of Engagement			*Percent by Column*
	Low	Medium	High	Total respondents
Very difficult	0%	4%	4%	6
Somewhat difficult	24%	32%	24%	41
Average	29%	32%	26%	44
Somewhat easy	18%	21%	31%	45
Very easy	6%	7%	8%	12
Don't know or Not applicable	24%	4%	6%	12