APPENDIX A –

RANGE OF VARIATIONS IN PRIMARY CARE PRACTICES:

1) Patient population needs
2) Type of practice: independent, FQHC, hospital-linked, etc
3) Number of MDs
4) MD backgrounds, expertise, experience
5) FTE staff make-up, licensure, credentialing, training, etc
6) Administration make-up
7) Payer mix: commercial ins, Medicare, Medicaid, direct contracts, FFS, self-pay, uninsured
8) Output per physician hour
9) Revenues
10) Expenses
11) Clinical workflows, care processes, procedures, protocols, etc
12) Conditions treated in the practice
13) Number of patients, patient volume, productivity
14) Patient demographics, ethnic, cultural, linguistic composition
15) Physical locations
16) Tele-health capacity: video-conferencing, etc, partners
17) Services provided
18) Community social services linkages
19) HIT capacity: EHRs, patient registries, case management tracking tools, etc
20) If FFS: codes used for billing services, etc
21) PCMH accreditation, level
22) ACO type
23) Specialist referral inventories, arrangements, personal interactions betw PCP and BH specialists
24) Specialty (incl BH) referral management
25) Quality improvement management
26) Things in practice not reimbursable but show value
27) Staff satisfaction
28) Patient satisfaction
29) Type of data collection systems, data analytic system, data sharing system
30) Nature/type of patient engagement program
31) Staff turnover