

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