

Minnesota ACO Baseline Assessment Report - Appendix B: ACO Survey Questions - Providers

Below is a list of each question, including the full wording of the question, the question style, the category and the optional responses given.

Part A

Question 1

Question: Name of your organization

Question Style: Text box

Category: None listed

Question 2

Question: Your name

Question Style: Text box

Category: None listed

Question 3

Question: Your job title

Question Style: Text box

Category: None listed

Question 4

Question: Your email address (We may wish to contact you to follow-up with your survey responses and/or for future surveys)

Question Style: Text box

Category: None listed

Question 5

Question: Please select the category that best describes your organization:

Question Style: Radio button

Optional responses:

- Medical Group or Hospital
- Health Plan

Category: None listed

Below questions based on Health care provider response to question #5

Medical Group/Hospital Question 6

Question: Which of the following best describes your organization? (select all that apply)

Question Style: Checkbox

Optional responses:

- Integrated delivery system
- Primary care clinic or medical group
- Medical specialty clinic or specialist group
- Hospital
- Long-term care/Post-acute care facility
- Rural Health Clinic
- Federally Qualified Health Center
- Non-profit organization providing community-based care and/or social support
- Home health agency
- Community mental health organization
- Other (please explain)

Category: None listed

Medical Group/Hospital Question 7

Question: Does your organization currently participate in an ACO?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: None listed

Medical Group/Hospital Question 8

Question: Please identify the ACO or ACOs affiliated with your organization:

Question Style: Text box

Category: None listed

Medical Group/Hospital Question 9

Question: For each of the following, how many covered lives does your organization have attributed to an ACO?

Question Style: Text box

Optional responses:

- Medicaid _____
- Medicare _____
- Dual Eligible (Medicaid and Medicare) _____
- Commercial _____

Category: None listed

Medical Group/Hospital Question 10

Question: Estimate the number of physicians that are part of your ACO(s).

Question Style: Radio button

Optional responses:

- None
- 1-20
- 21-50
- 51-100
- 100+

Category: None listed

Medical Group/Hospital Question 11

Question: Estimate the number of clinics that are part of your ACO(s).

Question Style: Radio button

Optional responses:

- None
- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51+

Category: None listed

Medical Group/Hospital Question 12

Question: Estimate the number of hospitals that are part of your ACO(s).

Question Style: Radio button

Optional responses:

- None
- 1-3
- 4-6
- 7-9
- 10 or more

Category: None listed

Medical Group/Hospital Question 13

Question: Which region of Minnesota would you consider your organization's primary service area?

Question Style: Radio button

Optional responses:

- 1 - Northwest
- 2 - Northeast
- 3 - West central
- 4 - Central
- 5 - Southwest
- 6 - South central
- 7 - Metro
- 8 - Southeast

Category: None listed



Part B – ACO/CIE Business Models

Medical Group/Hospital Question 14

Question: Which of the following does your organization use? (Select all that apply)

Question Style: Check box with text box

Optional responses:

- Medical Management (e.g., Medication Therapy Management Program, Flu Shot Program)
- Clinical Analysis (i.e., utilizing blood tests, in determining a diagnosis and treatment regimen)
- Business Analysis (i.e., determining solutions to process improvement or organizational change)
- None of These

- Additional comments for any of the above:

Category: Care Management

Medical Group/Hospital Question 15

Question: On a scale of 1 to 5, to what extent does clinical coordination exist between providers to manage care delivery within your organization's patient population?

Question Style: Radio button

Optional responses:

- 1 (None)
- 2
- 3
- 4
- 5 (Very extensively)

Category: Clinical Decision Support

Medical Group/Hospital Question 16

Question: For which of the following activities does your organization use telemedicine/telehealth?
(Select all that apply)

Question Style: Check box with text box

Optional responses:

- Chronic disease management
- Consumer medical and health information
- Correctional health – Triage
- Home care/Hospice
- ICU care using remote patient monitoring
- Nursing home care
- Pharmacy, satellite/after hours
- Provider and staff medical education
- Radiology
- Rehabilitation therapies
- Remote patient monitoring
- School health (K-12)
- None of the above
- Other (please specify)
- If 'other', please describe.

Category: Disease Management

Medical Group/Hospital Question 17

Question: Does your organization receive ACO-specific reports related to financial performance?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: Performance Management

Medical Group/Hospital Question 18

Question: Does your organization receive ACO-specific reports related to clinical performance?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: Performance Management

Medical Group/Hospital Question 19

Question: On a scale of 1 to 5, how well do your organization's information technology resources support the ACO business model? For example, metric capture, reporting, clinical profiling, contract modeling, etc.?

Question Style: Radio button

Optional responses:

- 1 (Not at all well)
- 2
- 3
- 4
- 5 (Very well)

Category: Disease Management

Medical Group/Hospital Question 20

Question: On a scale of 1 to 5, to what extent does your organization have the legal expertise necessary to implement ACO activities such as pay for performance or risk-taking contracts?

Question Style: Radio button

Optional responses:

- 1 (None)
- 2
- 3
- 4
- 5 (Very extensively)

Category: Care Management

Medical Group/Hospital Question 21

Question: On a scale of 1 to 5, to what extent has your organization modified treatment patterns to improve quality?

Question Style: Radio button

Optional responses:

- 1 (None)
- 2
- 3
- 4
- 5 (Very extensively)

Category: Care Management

Medical Group/Hospital Question 22

Question: What investments does your organization need to achieve clinical integration and support a risk-based/outcomes-based operating model? (select all that apply)

Question Style: Check box with text box

Optional responses:

- Staffing
- Infrastructure
- Information technology
- Training and education
- Other (please explain)
- Other Investments:

Category: Clinical Decision Support

Medical Group/Hospital Question 23

Question: On a scale of 1 to 5, to what extent is your organization providing effective, coordinated care management to the population in your service area.

Question Style: Radio button

Optional responses:

- 1 (None)
- 2
- 3
- 4
- 5 (Very extensively)

Category: Care Management

Contracting and Relationships

Medical Group/Hospital Question 24

Question: What percentage of your organization's revenue is considered to be at risk (e.g., capitation, bundled payments)?

Question Style: Radio button

Optional responses:

- 0%
- 1-10%
- 11-20%
- 21-30%
- More than 30%

Category: Utilization Management

Medical Group/Hospital Question 25

Question: In your best estimate, how many providers within the broader clinical services network serving your community are affiliated with an ACO business model?

Question Style: Radio button

Optional responses:

- Less than 10%
- 11-20%
- 21-40%
- 41-60%
- More than 60%

Category: Clinical Decision Support

Medical Group/Hospital Question 26

Question: Approximately what percentage of your organization's revenue by payer type is subject to risk and financial incentives for improving patient care?

Question Style: Radio button for each selection

Optional responses:

- Commercial fully insured (0%, 1-10%, 11-20%, 21-30%, >30%)
- Commercial self-insured (0%, 1-10%, 11-20%, 21-30%, >30%)
- Medicare (0%, 1-10%, 11-20%, 21-30%, >30%)
- Medicare Advantage (0%, 1-10%, 11-20%, 21-30%, >30%)
- MN state programs (0%, 1-10%, 11-20%, 21-30%, >30%)
- Dual Eligible (Medicaid and Medicare) (0%, 1-10%, 11-20%, 21-30%, >30%)

Category: Care Management

Medical Group/Hospital Question 27

Question: Please rate the following as priorities for enhanced clinical services within the ACO business model.

Question Style: Radio button for each selection

Optional responses:

- Behavioral health (Not Important/Somewhat Important/Very Important)
- Long-term and post-acute care (Not Important/Somewhat Important/Very Important)
- Local public health (Not Important/Somewhat Important/Very Important)
- Social service providers (food, housing, transportation, etc.) (Not Important/Somewhat Important/Very Important)

Category: Clinical Decision Support

Medical Group/Hospital Question 28

Question: Does your organization currently have any contracts extending beyond clinically based providers (e.g., non-affiliated community-based service providers)?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: Care Management

Medical Group/Hospital Question 29

Question: Does your organization have revenue and risk-sharing contracts that include the following health care services? (Select all that apply)

Question Style: Check box with text box

Optional responses:

- Primary care
- Specialty care
- Hospital inpatient care
- Emergency care
- Non-emergency urgent care
- Inpatient rehabilitation
- Behavioral health
- Long-term care/rehabilitation facility
- Pediatrics
- Palliative/hospice
- Home health
- Pharmacy
- None of these
- Other (please describe below)

Category: Utilization Management

Medical Group/Hospital Question 30

Question: Does your organization have revenue/risk sharing contracts that include the following services? (Select all that apply)

Question Style: Check box with text box

Optional responses:

- Community health workers
- Community paramedics
- Dental therapists
- Social workers
- Birth doulas
- Local public health
- None of these
- Other (please describe below)

Category: Care Management

Medical Group/Hospital Question 31

Question: On a scale of 1 to 5, to what extent is your ACO aligning financial incentives to reduce cost and improve quality?

Question Style: Radio button

Optional responses:

- Not at All
- Needs Improvement
- Sufficient
- Extensively

Category: Care Management

Medical Group/Hospital Question 32

Question: How many health plans are part of your ACO?

Question Style: Text box

Category: Utilization Management

Medical Group/Hospital Question 33

Question: What percentage of your organization's revenue do you expect to be at (or near) full risk five years from now?

Question Style: Radio button

Optional responses:

- 0%
- 1-10%
- 11-20%
- 21-30%
- More than 30%

Category: Utilization Management

Medical Group/Hospital Question 34

Question: On a scale of 1 to 5, to what extent does your organization follow care management practices that address the broader health care needs of the surrounding community?

Question Style: Radio button with text box

Optional responses:

- 1 (None)
- 2
- 3
- 4
- 5 (Very extensively)

- Explain in what ways could they be doing more

Category:

Quality Management

Medical Group/Hospital Question 35

Question: On a scale of 1 to 5, to what extent does your ACO management team use quantitative public health data sources about smoking, obesity, alcohol use, and diabetes to determine which care management programs to develop?

Question Style: Radio button

Optional responses:

- 1 (None)
- 2
- 3
- 4
- 5 (Very extensively)

Category: Performance Management

Medical Group/Hospital Question 36

Question: On a scale of 1 to 5, to what extent does your ACO management team use population health statistics to identify needed capabilities and changes in care delivery (e.g., using leading causes of death and premature death by demographic groups, considering leading causes of hospitalization and preventable hospitalizations, identifying rates of ambulatory care sensitive conditions and other factors that impact health status, etc.)?

Question Style: Radio button

Optional responses:

- 1 (None)
- 2
- 3
- 4
- 5 (Very extensively)

Category: Care Management

Medical Group/Hospital Question 37

Question: Quality outcome-based metrics are measured at what level within the ACO? (Select all that apply)

Question Style: Checkbox

Optional responses:

- Cohorts of clinical comorbidities
- Patient demographics (i.e., ages 30-40)
- Physician NPI level
- Medical group or hospital level
- Aggregate; ACO overall
- None of these

Category: Care Management

Medical Group/Hospital Question 38

Question: In addition to Minnesota-specific quality standards, such as the Minnesota Statewide Quality Reporting and Measurement System (SQRMS), which of the following quality indicators are in use by your organization? (Select all that apply)

Question Style: Check box with text box

Optional responses:

- HEDIS
- AHRQ
- Leapfrog
- CMS
- NCQA
- None of these
- Other
- If other, please explain:

Category: Performance Management

Transparency and Communication

Medical Group/Hospital Question 39

Question: Does the ACO collect patient satisfaction information?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: Performance Management

Medical Group/Hospital Question 40

Question: How often does the ACO report on patient satisfaction results?

Question Style: Radio button

Optional responses:

- Never
- Less than annually
- Annually
- Two or more times per year
- Don't know

Category: Performance Management

Medical Group/Hospital Question 41

Question: Are quality measures other than patient satisfaction made available to the public?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: Performance Management

Medical Group/Hospital Question 42

Question: Are clinical outcomes made available to the public?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: Performance Management

Health Plan – Revised Questions

Health Plan Question 6

Question: Does your organization currently contract with ACOs?

Question Style: Radio button

Optional responses:

- Yes
- No

Category: None listed

Health Plan Question 7

Question: Please identify the ACO or ACOs contracted with your organization:

Question Style: Text box

Category: None listed

Health Plan Question 8

Question: For each of the following, how many covered lives does your organization have attributed to your ACO?

Question Style: Text box

Optional responses:

- Medicaid ____
- Medicare ____
- Dual Eligible (Medicaid and Medicare) ____
- Commercial ____

Category: None listed

Health Plan Question 9

Question: Estimate the number of physicians that are part of your ACO contracts:

Question Style: Radio button

Optional responses:

- None
- 1-20
- 21-50
- 51-100
- 100+

Category: None listed

Health Plan Question 10

Question: Estimate the number of clinics that are part of your ACO contracts:

Question Style: Radio button

Optional responses:

- None
- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51+

Category: None listed

Health Plan Question 11

Question: Estimate the number of hospitals that are part of your ACO contracts:

Question Style: Radio button

Optional responses:

- None
- 1-3
- 4-6
- 7-9
- 10 or more

Category: None listed

Health Plan Question 12

Question: How familiar is your organization with accountable care organizations (e.g. risk-based contracts combined with population health management, clinical integration, and/or performance measurement)?

Question Style: Radio button

Optional responses:

- Very familiar
- Somewhat familiar
- Not at all familiar
- Don't know

Category: Population Health

Health Plan Question 13

Question: What percentage of your organization's health care expenses is considered to be at risk (capitation, bundled payments, etc.)?

Question Style: Radio button

Optional responses:

- 0%
- 1-10%
- 11-20%
- 21-30%
- Over 30%

Category: Disease Management

Health Plan Question 14

Question: On a scale of 1 to 10, please rate your organization's financial and claims system's capabilities at being able to adjudicate claims subject to value-based or outcomes-based contracts (1=Not able to adjudicate, 10=Currently adjudicating outcomes-based contracts)

Question Style: Radio button

Optional responses:

- 1 (Not willing)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Very willing)

Category: Utilization Management

Health Plan Question 15

Question: On a scale of 1 to 10, how willing are employers to enter into ACO contracts for their employees? (1=Not willing, 10=Very willing)

Question Style: Radio button

Optional responses:

- 1 (Not willing)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Very willing)

Category: None listed

Health Plan Question 16

Question: On a scale of 1 to 10, how willing are employers to modify plan designs (e.g. limited networks) to encourage ACO contracts? (1=Not willing, 10=Very willing)

Question Style: Radio button

Optional responses:

- 1 (Not willing)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Very willing)

Category: Care Management

Health Plan Question 17

Question: For each of the provider types, enter the approximate percentages of expenses that are paid under each payment type.

Question Style: Text box

Optional responses:

- Provider Type
- Fee for Service
- Shared Savings
- Partial Capitation
- Bundled Episodes
- Global Capitation
- Integrated delivery systems
- Independent hospitals
- Medical groups/clinics
- Specialist groups/clinics
- Long-term care/ rehabilitation facilities
- Non-profit organizations providing community-based care and/or social support
- Home health agencies

Category: Disease Management

Health Plan Question 18

Question: How are enrollees or members encouraged to select accountable care organizations (ACOs)?
(Select all that apply)

Question Style: Check box with text box

Optional responses:

- ACO enrollment is passive, linked to PCP choice and attribution methods
- We use a specific product tied to ACOs where members are provided with general information about the network, in the form of fact sheets, newsletter articles, or other information sharing
- We leverage our care management, utilization management and case manager capabilities on targeted members to encourage ACO usage based on health status or chronic illness
- Product designs offer more favorable co-pay or benefit options to enrollees as they choose point of service (e.g., tiered co-payments and deductibles)
- Enrollees are given other financial incentives to use ACOs (e.g., tiered premiums and affinity type rewards)
- Networks are limited to identified ACOs
- Other (please describe below)

Category: Care Management

Health Plan Question 19

Question: For each issue, indicate the importance of changing the way health care providers are paid (moving beyond fee-for-service payment).

Question Style: Radio button for each selection

Optional responses (Pick one for each selection – Very important, Somewhat important, Not at all important, Don't know):

- Regularly assessing and addressing patient population-wide health care needs
- Measuring and improving the care experience of people in the organization's patient population
- Delivering people-centered primary care
- Optimizing chronic, acute and preventative care
- Managing care for population segments care with complex clinical conditions to optimize health status
- Coordinating care across continuum

Category: Clinical Decision Support

Health Plan Question 20

Question: Considering the health care providers that your organization contracts with, how interested are they in taking on additional financial risk for meeting performance benchmarks?

Question Style: Radio button for each selection

Optional responses (Pick one for each selection – Very interested, Moderately interested, Not interested, Don't know):

- Integrated delivery systems
- Independent hospitals
- Medical groups/clinics
- Specialist groups/clinics
- Long-term care/ rehabilitation facilities
- Non-profit organizations providing community-based care and/or social support
- Home health agencies

Category: Performance Management