LCCCP Survey

Resize font:
➕ | ➖

🔄 **Returning?**

Please complete the survey below.

Thank you!

| 1 | **Local Community Care Coordination Program (LCCCP) Name** | _____ |

| 2 | **Health Home, LCCCP, or Both?** | ◯ Health Home
 ◯ LCCCP
 ◯ Both Health Home and LCCCP

 reset |

| 3 | **Health Plan** | ◯ Home State Health
 ◯ Missouri Care
 ◯ United Health Care

 reset
 If you contract with >1 health plan, then you must complete a separate survey for each plan. |

| 4 | **Provide the following information for the primary contact for completion:**
 Name
 Role in LCCCP or organization
 Email address
 Phone number | [   ]

 Expand |

| 5 | **Indicate other persons involved in report completion by checking all that apply:** | ☐ LCCCP director
 ☐ Nurse care manager
 ☐ Care coordinator
 ☐ Behavioral health consultant
 ☐ CQI/quality manager
 ☐ Clinic manager
 ☐ Information technology staff
 ☐ Other |

| | **Please explain "other"** | _____ |

| 6 | **Reporting period**
 * must provide value | [▼] |

7	What transformative model(s) for practice transformation has the LCCCP chosen?	☐ Accountable care organization (ACO)
		☐ Patient-centered medical home (PCMH)
		☐ Primary care case management (PCCM)
		☐ Combination
		☐ Other (explain below)

8	What criteria must participating providers and organizations meet in order to be eligible as an LCCCP by type of program (e.g. ACOs, PCMHHs, PCCM, or other similar models):	☐ Offers care management
		☐ Flexible scheduling (i.e. after hours, weekends)
		☐ Disease management programs
		☐ Multi-disciplinary team
		☐ Specific staff to patient ratios
		☐ Use of data for population management
		☐ Linkage to community services
		☐ Referral tracking and follow-up
		☐ Quality monitoring processes
		☐ Minimum number of beneficiaries in health plan
		☐ Other (please explain below)

9	Enrollment criteria for member eligibility to health plan's LCCCP:	☐ Age requirement
		☐ Income status
		☐ Chronic conditions
		☐ Eligible diagnoses
		☐ Physical environment
		☐ Social environment
		☐ Substance use disorders
		☐ Other
		☐ No criteria required

10	List of wrap-around and community-based services and networks (e.g. housing, utility assistance, etc.), available to members as part of the health plan's LCCCP:	☐ Assistance with utilities
		☐ Housing
		☐ Education
		☐ Employment
		☐ Food
		☐ Obtaining healthcare coverage
		☐ Legal services
		☐ Other (please list below)

11	What is the size of the LCCCP population (for this health plan) at the end of the reporting period, _____?	○ 0-500 ○ 501-1000 ○ 1001-1500 ○ 1501-2000 ○ >2000 reset
12	The organization has a documented process for ensuring individuals participating in a state-operated Health Home are not included in a state-approved Local Community Care Coordination Program (LCCCP).	○ Yes ○ No reset
13	The LCCCP communicates on a regular basis with the individual's health plan to ensure services are coordinated and not duplicative of any other services provided by the health plan.	○ Yes ○ No reset
14	Explain the current process and/or procedures surrounding communication with the health plan. How is care coordination conducted between the health plan and the LCCCP?	[ ] Expand
15	The LCCCP has achieved or is in the process of obtaining some form of national recognition and/or certification.	○ Yes ○ No reset
17	Does your organization provide performance feedback, quality reporting and quality improvement recommendations to participating LCCCP providers?	○ Yes ○ No reset
18	Does your organization provide cost and utilization reports to participating LCCCP providers?	○ Yes ○ No reset
16	Describe how the health plan's LCCCP encourages teambuilding and collaboration among staff and providers.	[ ] Expand

19	Your organization participates in continuous quality improvement and performance measurement.	○ Yes ○ No reset

20	Indicate which performance measurements the health plan's LCCCP utilizes.	☐ Controlling high blood pressure ☐ Weight assessment and counseling for nutrition and physical activity for children and adolescents ☐ Adult LDL < 100 ☐ Use of appropriate medications for asthma ☐ Diabetes: Hemoglobin A1c poor control or untested ☐ Diabetes: A1c < 8 ☐ Diabetes: BP < 140/90 ☐ Diabetes: LDL management ☐ Preventive care and screening: screening for Clinical depression and follow-up plan ☐ BMI screening and follow-up 18+ years ☐ Children and Adolescents' access to PCP ☐ Childhood and adolescent immunizations ☐ Child and adolescent well-care visits ☐ Other (please list or name below)

21	Care plans (including self-management goals) are documented in structured data fields in the EMR (e.g. using check boxes, radio buttons, drop down menus).	○ Never ○ Sometimes ○ Usually ○ Always reset

22	Care plans developed by the LCCCP staff are viewed and acted upon by other members of the patient's total care team (e.g. clinician, ancillary services, etc.)	○ Never ○ Sometimes ○ Usually ○ Always reset

23	In the health plan's LCCCP, care for all participants is provided by a physician-directed team that collectively cares for the member.	○ Never ○ Sometimes ○ Usually ○ Always reset

24	In the health plan's LCCCP, care is coordinated and/or integrated across all aspects of healthcare.	○ Never ○ Sometimes ○ Usually ○ Always reset
25	In the health plan's LCCCP, care includes recognition of and referral to necessary community and social support options.	○ Never ○ Sometimes ○ Usually ○ Always reset
26	Your organization assesses the preliminary service needs of persons participating in the LCCCP (e.g. nutrition, durable medical equipment, transportation, etc.)	○ Never ○ Sometimes ○ Usually ○ Always reset
27	Your organization provides its LCCCP participants with educational resources or referrals for education resources to assist in self-management.	○ Never ○ Sometimes ○ Usually ○ Always reset
28	Does the health plan's LCCCP utilize licensed professional social workers to provide behavioral health services without restriction as to the age of the Managed Care member?	○ Yes ○ No reset

During this reporting period, _____, did your organization offer the following language/translation services for your LCCCP participants?

		No	Yes
29	Bilingual staff are available	☐	☐
30	Language interpretation service (in person or phone)	☐	☐
31	Reliance on assistance from a participant's English-speaking relative or friend	☐	☐

32	Your organization provides patient-centered care.	○ Never ○ Sometimes ○ Usually ○ Always reset
33	Your organization practices evidence-based treatment guidelines for various health conditions.	○ Never ○ Sometimes ○ Usually ○ Always reset
34	How often does this LCCCP hold meetings to discuss clinical issues?	○ More than once a week ○ Weekly ○ Monthly ○ Quarterly ○ Annually ○ Never ○ Other (please specify) reset
35	How often does this LCCCP (members from all participating providers) meet together (face to face or conference call) to discuss care coordination activities?	○ More than once a week ○ Weekly ○ Monthly ○ Quarterly ○ Annually ○ Never ○ Other (please specify) reset
37	Your organization coordinates care between all the healthcare providers utilized by the member.	○ Never ○ Sometimes ○ Usually ○ Always reset
38	Does your organization have a documented process for tracking the status of referrals made for LCCCP participants?	○ Yes ○ No reset

39	Your organization engages members and/or family members to actively participate in decision-making and provide feedback.	○ Strongly agree ○ Agree ○ Neutral ○ Disagree ○ Strongly disagree reset
40	Your organization provides to its members health promotion programs or group counseling activities such as:	☐ Smoking cessation training ☐ Flu shot clinic ☐ Weight management ☐ Diabetes self-management ☐ Free cancer screenings ☐ Free cholesterol screenings ☐ Nutritional counseling ☐ Blood pressure checks ☐ Physical activity ☐ Asthma management ☐ Other
41	Do you have an electronic patient portal available for your LCCCP participants?	○ Yes ○ No reset

If your answer to the above question (patient portal) was "Yes", can LCCCP participants receive the following information via secure internet or patient portal?

		No	Yes	
42	**Interactive responses to healthcare questions**	○	○	reset
43	**Diagnoses**	○	○	reset
44	**Lab results**	○	○	reset
45	**Current medication lists**	○	○	reset
46	**Allergy list**	○	○	reset
47	**Treatment/care plan and/or patient goals**	○	○	reset
48	**Schedule appointments**	○	○	reset
49	**Pay bills**	○	○	reset

50	Does your organization perform community health screenings (e.g. schools, shopping malls, and service clubs) or health fairs; give lectures or workshops at schools or other community gatherings?	○ Yes ○ No reset

51	Does your organization provides continuing education opportunities for LCCCP staff on topics related to evidence based approaches?	[▼]

52	Does your organization use health information technology to support care delivery and efficiency improvement in the following areas?	☐ Electronic billing ☐ Electronic medical records ☐ Computer-based physician order-entry ☐ Online literature searching (Medline, Ovid, Medscape, etc.) ☐ Internet-based knowledge base (WebMD, Mayo Clinic, etc.) ☐ Other (list below)

53	If your organization uses a registry to track patients with specific conditions, please indicate for which of the following conditions a registry is used:	☐ Diabetes ☐ Hypertension ☐ Cancer ☐ Asthma ☐ High cholesterol ☐ CAD ☐ Behavioral disorders ☐ Substance use disorders ☐ Other (list below)

Your organization uses the following tools in care coordination/care management activities for your LCCCP participants:

		Never	Sometimes	Usually	Always
54	CyberAccess (e.g. patient profile, medication hx, continuity of care docs, procedure codes checks, pharmacy claim checks, disease code checks, clinical traits checks, lab data checks.)	○	○	○	○
					reset
55	Pre-visit planning toools (e.g. reports and or templates in EMRs)	○	○	○	○
					reset
56	Disease registries (e.g. in your EMR/dashboard tools)	○	○	○	○
					reset

57	Does the LCCCP offer care management and coordination of services to highly specialized populations of patients (i.e. transplant patients, high-risk pregnancy, etc.)?	○ Yes ○ No

reset

58	Does your organization have an established process and criteria to identify high-risk or complex patients?	○ Yes ○ No

reset

	Please describe the processes and criteria to identify high-risk or complex patients.	

Expand

59	The organization can easily identify patients with a particular disease or medication.	○ Strongly agree ○ Agree ○ Neutral ○ Disagree ○ Strongly disagree

reset

60	Everyone in this LCCCP has access to the information they need for patient care and their work when they need it.	○ Strongly agree ○ Agree ○ Neutral ○ Disagree ○ Strongly disagree

reset

At this time, to what degree has this LCCCP implemented each of the following categories:

		Not implemented	Partially implemented; Rarely used	Partially implemented, Occasionally used	Mostly implemented; Often used	Fully integrated into practice
61	Information systems (EMR, CyberAccess,Dashboards,Medication Reconciliation)	○	○	○	○	○

reset

| 62 | Redesigned offices (workflow & productivity) | ○ | ○ | ○ | ○ | ○ |

reset

| 63 | Quality & safety (patient feedback surveys, clinical outcomes tracking) | ○ | ○ | ○ | ○ | ○ |

reset

64	Comprehensive practice; coordination of care	○	○	○	○	○

reset

65	Team approach (hospital, nursing home, NP/PA, office teams, ancillary services, social/community services)	○	○	○	○	○

reset

66	Access to information (website, on-line lab results, e-communication)	○	○	○	○	○

reset

67	Patient-centered care	○	○	○	○	○

reset

68 Please choose one of the following below that best describes your organization size (clinician refers to physicians, nurse practitioners, physician assistants, or other revenue generating physicians).

○ Solo practice

○ 2-clinician practice

○ Medium family medicine group (3-5 clinicians same specialty practice)

○ Multi-specialty group

○ Faculty/resident practice

○ Behavioral Health practice

○ Community Health Center

○ Other (specify below)

reset

69 Which clinical specialties are represented in this organization?

☐ Family medicine

☐ Internal medicine

☐ Pediatrics

☐ Ob/Gyn

☐ Behavioral health

☐ Other (specify below)

For the following questions, please list the number of full time staff in the organization

70 Number of Full-time RNs

71 Number of Part-time RNs

72 Number of Full-time LPNs

73 Number of Part-time LPNs

74	Number of Full-time Medical Assistants	
75	Number of Part-time Medical Assistants	
76	Number of Full-time Clerks/reception/billing	
77	Number of Part-time Clerks/reception/billing	
78	Number of Full-time Medical records technicians	
79	Number of Part-time Medical records technicians	
80	Number of Full-time Information technology staff	
81	Number of Part-time Information technology staff	
82	Number of Full-time Technicians	
83	Number of Part-time Technicians	
84	Number of Full-time Social Work/counselors	
85	Number of Part-time Social work/counselors	
86	Number of Full-time Dieticians	
87	Number of Part-time Dieticians	
88	Number of Full-time Allied Health staff	
89	Number of Part-time Allied Health staff	
90	Number of Full-time Practice managers	

91	Number of Part-time Practice managers	[ ]

92	Number of Full-time patient educators	[ ]

93	Number of Part-time patient educators	[ ]

94 Other Full-time staff not listed above

[   ]

please provide number of other full time staff not listed in previous questions

95 Number of Part-time staff not listed above

[   ]

96 This organization is aware of community resources that are accessible to patients.

○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly disagree

reset

97 This organization works effectively together as a team with community organizations.

○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly disagree

reset

98 People in this organization are connected with community organizations that serve patients.

○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly disagree

reset

99 People in each department or practice within this LCCCP are well connected to other departments or practices.

○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly disagree

reset

100	Your organization offers extended hours outside of 8:00 AM to 5:00 PM (Central Time).	○ Yes ○ No reset
101	Your organization offers same day appointments for all patients.	○ Never ○ Sometimes ○ Usually ○ Always reset
102	During this reporting period, did your clinic site have appointments available on Saturdays or Sundays?	○ Never ○ Sometimes ○ Usually ○ Always reset
103	Does your organization provide enhanced access to care through the use of a nurse or physician call line outside of normal business working hours?	○ Yes ○ No reset

For the following questions you should query your EHR (if capable) or you may conduct a chart audit of your LCCCP members who are enrolled with the healthplan for which you are completing this survey during the reporting period, _____. If doing a chart audit, take a random sample of your currently enrolled LCCCP members (select a minimum of 10 and a max of 25 charts). Be sure that audits are specific to the current reporting period for both EMR or chart review.

104	During this reporting period, what % of the health plan's members in the LCCCP have selected a PCP?	○ 0-25% ○ 26-50% ○ 51-75% ○ 76-100% reset
105	During this reporting period, what % of time was an office visit scheduled with a LCCCP participant's selected PCP?	○ 0-25% ○ 26-50% ○ 51-75% ○ 76-100% reset

106	During this reporting period, what % of your organization's LCCCP participants had individual treatment/care plans?	○ 0-25% ○ 26-50% ○ 51-75% ○ 76-100% reset
107	During this reporting period, what % of your organization's LCCCP participants met face-to-face with relevant LCCCP team members for the development and/or revision of their individual treatment plans and goals?	○ 0-25% ○ 26-50% ○ 51-75% ○ 76-100% reset
108	During this reporting period, what % of your LCCCP participants had up-to-date problem lists with all current and active diagnoses?	○ 0-25% ○ 26-50% ○ 51-75% ○ 76-100% reset
109	During this reporting period, when you received a lab report with abnormal results on a LCCCP participants, what % of these abnormal results was reviewed by the clinician within the timeline noted in your organization's policy?	○ 0-25% ○ 26-50% ○ 51-75% ○ 76-100% reset
110	During this reporting period, what % of your organizaton's care plans and/or self-managment goals were updated at least annually?	○ 0-25% ○ 26-50% ○ 51-75% ○ 76-100% reset
111	Did you use EHR query or Chart review to answer the previous questions?	○ EHR ○ Chart review reset
112	Describe current options and opportunities for change for your organization. How is this different from 6 months ago?	Expand

113 **How has the organization changed in the last 6 months? How did that happen?**

Expand

114 **What challenges has the LCCCP encountered and how has the health plan facilitated their resolution?**

Expand

115 **How does this managed care health plan stay in communication with the LCCCP and facilitate practice change?**

Expand

Thank you for completing the survey. If you have any questions, problems, or would like a copy of your results please contact Jodi Heaps-Woodruff at heapsj@umsl.edu.

Submit

Save & Return Later