



Monthly Field Note

Instructions:

Field Notes should be completed by Practice Facilitators (PF) and Clinical Health Information Technology Advisors (CHITA) on a monthly basis. Any substantive contact with a practice site regarding practice transformation work should be documented in the monthly field note. The SIM Monthly Field Note (FN) is divided into four sections: 1) General Information & Monthly Encounters 2) Milestone Activity Statuses 3) Clinical Quality Measures & Health Information Technology Resources (CHITA Only Section) 4) Additional Field Note Documentation.

1) Identify for which role(s) this field note is being completed for:

(Select all that apply)

- Practice Facilitator (PF) Clinical HIT Advisor (CHITA) Other (Specify) _____

General Information & Monthly Encounters

This section summarizes all encounters, including missed or canceled, that occurred with the practice site.

2) Select the encounter types used with this practice site this month:

'No Encounters Occurred/Planned' is an exclusive answer, if this response is selected other responses will be unselected.

(Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> In-Person QI Team Meeting(s) | <input type="checkbox"/> Multi-Practice/System Encounter(s) (Specify) _____ |
| <input type="checkbox"/> Remote QI Team Meeting(s) | _____ |
| <input type="checkbox"/> Other In-Person Meeting(s) | <input type="checkbox"/> Other Encounter Type(s) (Specify) _____ |
| <input type="checkbox"/> Web-Conference Call(s) | _____ |
| <input type="checkbox"/> Phone Conversation(s) | <input type="checkbox"/> No Encounters Occurred/Planned (Specify) _____ |
| <input type="checkbox"/> Email Exchange(s) | _____ |

If encounters occurred respond to the following questions.

3) Approximate total length of time spent with the practice site for all encounter(s) this month:

- | | |
|--|---|
| <input type="radio"/> Less than 30 minutes | <input type="radio"/> 120 minutes (2 hours) |
| <input type="radio"/> 30 minutes | <input type="radio"/> 2.5 hours |
| <input type="radio"/> 60 minutes (1 hour) | <input type="radio"/> 3 hours |
| <input type="radio"/> 90 minutes (1.5 hours) | <input type="radio"/> More than 3 hours (Specify) _____ |

For encounters that occurred indicate the number of that encounter type that occurred.

a) In-Person QI Team Meetings	1	2	3	4	5+
b) Remote QI Team Meetings	1	2	3	4	5+
c) Other In-Person Meetings	1	2	3	4	5+
d) Web-Conference Calls	1	2	3	4	5+
e) Phone Conversations	1	2	3	4	5+
f) Email Exchanges	1	2	3	4	5+
g) Multi-Practice/System Enctrs.	1	2	3	4	5+
h) Other Encounter Types	1	2	3	4	5+

4) Select the participants involved in encounters this month:

(Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Practice Leadership | <input type="checkbox"/> Practice Facilitator (PF) |
| <input type="checkbox"/> Clinician/Provider(s) (MD, DO, NP, PA) | <input type="checkbox"/> Clinical HIT Advisor (CHITA) |
| <input type="checkbox"/> Practice Clinical Staff (RN, MA, LPN) | <input type="checkbox"/> Regional Health Connector (RHC) |
| <input type="checkbox"/> Office/Support Staff (e.g. front desk) | <input type="checkbox"/> Behavioral Health Professional |
| <input type="checkbox"/> Office/Practice Manager | <input type="checkbox"/> Other Participants (Specify) _____ |
| <input type="checkbox"/> System/Multi-Site Organization Staff | |

5) Select the coaching/facilitation tools, training, or support services provided this month:

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Agendas | <input type="checkbox"/> PDSA |
| <input type="checkbox"/> Aim Statement | <input type="checkbox"/> Practice Improvement Plan |
| <input type="checkbox"/> Brainstorming | <input type="checkbox"/> Process Mapping |
| <input type="checkbox"/> Data Quality Plan | <input type="checkbox"/> Quality Measure Performance Reports |
| <input type="checkbox"/> e-Learning Modules | <input type="checkbox"/> SBIRT |
| <input type="checkbox"/> Evidence-Based Guidelines | <input type="checkbox"/> SMART Goals |
| <input type="checkbox"/> IT MATTRS | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Managing Complex Change | <input type="checkbox"/> Toolkits |
| <input type="checkbox"/> Model for Improvement | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Motivational Interviewing | |

For planned encounters that were missed/canceled complete the following questions.

6) Indicate the number of planned encounters that were missed/canceled this month:

0	1	2	3	4	5+
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a) Indicate why encounters were missed/canceled this month:

(Select all that apply)

- Missed due to PTO Missed due to Practice Site & PTO
 Missed due to Practice Site Missed for Other Reasons (Specify) _____

b) Provide further details why encounters were missed/canceled this month:

Milestone Activity Statuses

This section documents milestone activity implementation overall and for activities that require monthly documentation (based on anchors and methodologies). For all status questions the scale is as follows: (1) **Not Started** = work has not started on activity (2) **Just Beginning** = work has begun and there is minor progress (3) **Actively Addressing** = significant work has been done and is almost completed (4) **Completed** = activity is fully implemented across the practice site.

7) Overall, in which Building Block(s) were Milestone Activities addressed this month:

'None Addressed this Month' is an exclusive answer, if this response is selected all other responses will be unselected.

(Select all that apply)

- 1) Leadership Engagement & Support 7) Behavioral Health Services
 2) Data-Driven Change 8) Prompt Access to Care
 3) Practice Population Empanelment 9) Comprehensive Care Coordination
 4) Team-Based Patient Care 10) Behavioral Health Integration
 5) Patient-Team Partnership None Addressed/Worked on this Month
 6) Patient Population Risk Stratification

If completing a Field Note as a Practice Facilitator respond to the following questions.

8) Practice develops quality improvement (QI) team and meets monthly.

Practice Attestation Anchor: Document at least monthly meetings through meeting agendas and/or minutes.

Milestone Activity 1.1.3

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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9) Practice begins using a data aggregation tool provided by SIM to review cost and utilization data.

Practice Attestation Anchor: Demonstrate through attestation of use of a tool that provides cost and utilization data, such as Medicaid's Statewide Data Analytics Contractor (SDAC), Stratus, QRUR reports from Medicare, etc.

Milestone Activity 2.1.4

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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10) Leadership allocates appropriate resources to complete QI work.

Practice Attestation Anchor: Document ongoing, regular (at least monthly) quality improvement team meetings as in BB1.Y1.3 and show how resources have been allocated to complete QI work.

Milestone Activity 2.2.1

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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11) Practice designs plan to evaluate impact of value-based payment agreements.

Practice Attestation Anchor: Demonstrate how the practice uses and assesses the impact of value-based payments.

Milestone Activity 1.2.2

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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12) Practice reviews CQM data to inform rapid cycle improvement processes.

Practice Attestation Anchor: Document the use CQM data in ongoing quality improvement efforts to improve care, such as through improvement team minutes.

Milestone Activity 2.2.1

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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13) Practice conducts regular PDSA/QI activities on identified CQMs.

Practice Attestation Anchor: Document use of data for targeted CQMs as part of ongoing, regular QI activities through improvement team minutes.

Milestone Activity 2.2.3

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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14) Practice evaluates patient population to identify one preference-sensitive condition that is appropriate for decision aids or self-management support tools.

Practice Attestation Anchor: Indicate the condition(s) chosen for this activity.

Milestone Activity 5.1.1

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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If completing a Field Note as a Clinical HIT Advisor respond to the following questions.

15) Practice reviews data with PF/CHITA quarterly.

Practice Attestation Anchor: Show evidence that clinical quality measures were reviewed with a PF or CHITA at least every 3 months. This could include documentation in improvement team agendas or meeting minutes.

Milestone Activity 2.1.1

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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16) Practice begins using model for improvement and has identified opportunities for improvement using CQM data.

Practice Attestation Anchor: Document through minutes of improvement team meetings.

Milestone Activity 2.1.3

(1) Not Started	(2) Just Started	(3) In Progress	(4) Completed
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Clinical Quality Measures & Health Information Technology Resources

This section documents the work done with the practice site this month regarding CQMs and HIT resources.

If completing a Field Note as a Clinical HIT Advisor respond to the following questions.

17) Select which measures actively being worked on with the practice site this month:

*'No CQMs...Worked On' is an exclusive answer, if this response is selected all other responses will be unselected.
(Select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Depression (NQF 0418)
Screening and Follow-up Plan | <input type="checkbox"/> Asthma (NQF 1799)
Medication Management |
| <input type="checkbox"/> Diabetes (NQF 0059)
Hemoglobin A1C Poor Control | <input type="checkbox"/> Fall Safety (NQF 0101)
Screening for Future Fall Risk |
| <input type="checkbox"/> Hypertension (NQF 0018)
High Blood Pressure Control | <input type="checkbox"/> Maternal Depression (NQF 1401)
Screening and Follow-Up |
| <input type="checkbox"/> Obesity Adult (NQF 0421)
Screening and Follow-up | <input type="checkbox"/> Development Screening (NQF 1448)
First 3 Years of Life |
| <input type="checkbox"/> Substance Use Disorder (CMS 137v5)
Alcohol & Other Drug Dependence | <input type="checkbox"/> Obesity Adolescent (NQF 0024)
Weight/Nutrition/Physical Activity Counseling |
| <input type="checkbox"/> Substance Use Disorder (NQF 0028)
Tobacco Preventative Care & Screening | <input type="checkbox"/> Depression (NQF 0710)
Depression Remission at 12 Months |
| <input type="checkbox"/> Substance Use Disorder (NQF 2152)
Alcohol Screening and Brief Treatment | <input type="checkbox"/> No CQMs Actively Worked On this Month |

For each CQM worked on complete the following set of questions.

a) Indicate the work being done related to the measure:

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Improving Quality of Data Entry | <input type="checkbox"/> Addressing Vendor-Related Barriers |
| <input type="checkbox"/> Improving Other Clinical Workflows | <input type="checkbox"/> Addressing System/Organization Barriers |
| <input type="checkbox"/> Building CQM Report for this Measure | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Validating CQM Report for this Measure | |

b) Provide further details regarding the vendor-related barriers with the measure:

c) Provide further details regarding the System/Organization barriers with the measure:

18) Provide any additional details about the work or barriers with the practice site regarding CQMs:

(Optional but encouraged)

19) Select the HIT resources that the practice site has been connected to or addressed this month:

'No HIT Resources...' is an exclusive answer, if this response is selected all other responses will be unselected.

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Health Information Exchange Tools | <input type="checkbox"/> Quality Payment Program Resources |
| <input type="checkbox"/> Tools to Track Total Cost of Care | <input type="checkbox"/> ONC Notification of Vendor Issues |
| <input type="checkbox"/> Registry Tools | <input type="checkbox"/> 3rd Party Vendors Providing CQM Reporting |
| <input type="checkbox"/> Risk Stratification Tools | <input type="checkbox"/> Other HIT Resources (Specify) _____ |
| <input type="checkbox"/> Broadband Connectivity | <input type="checkbox"/> No HIT Resources Connected and/or Addressed |
| <input type="checkbox"/> Telehealth Resources | |

For HIT Resources connected to and/or addressed complete the following question.

a) Provide details regarding the benefits and barriers for connected and/or addressed HIT resources:

Additional Field Note Documentation

20) Select a confidence level in the Practice Site achieving 'Good Standing':

Note, Good Standing will officially be determined from Milestone Attestation Checklist (MAC) responses, and not all monthly milestones requiring monthly documentation need to be worked on for a practice site to achieve 'Good Standing.' Reference the Implementation Guide for the full list of milestone activities and other support materials.

- | | | |
|--|--|--|
| <input type="radio"/> Extremely Confident
(No Concerns) | <input type="radio"/> Somewhat Confident
(Minimal Concerns) | <input type="radio"/> Not Confident
(Multiple Concerns) |
|--|--|--|

If 'Somewhat Confident' or 'Not Confident' is selected answer the following question.

a) Provide additional information regarding concerns with this practice site achieving 'Good Standing':

21) Document observations and 'takeaways' from encounters with the practice site this month:

(Response Required)

22) Provide details about what is planned and/or follow-up needed for future encounters:

(Optional but encouraged)

23) Questions or information to be shared with the State SIM Office or University SIM Team:

(Optional only if needed)

24) Would you like to share a SIM Success Story about this practice site?

Yes	No
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a) Please provide details about this practice site's success story:

25) Have you completed adequate training on the expectations of your role(s) for SIM?

Note, all PFs and CHITAs delivering services for the SIM initiative must have training on their SIM responsibilities. Only adequately trained PFs or CHITAs can submit a monthly Field Note. PTO's are responsible for providing this training to all PFs and/or CHITAs they assign to complete SIM deliverables. Please see the PTO Required Training Information and Attestation Instructions for ways your PTO can accomplish this requirement.

Yes	No
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Upload files or documents related to encounters and/or work completed this month (online)