

Instructions

Using the [EPT deliverable portal](#), please complete the prompts for all questions in this template.

Milestone Language: Implement pre-visit planning for scheduled patient care for population of focus to reduce disparities and improve receipt of evidence-based care using clinical guidelines. This should include development of workflows, including how patient-level health maintenance reports are reviewed and utilized, and identification and training of care team members to do the work..

Question 1: Population of Focus (POF)

Automatically displayed

Response Criteria:

N/A - Question not scored

Question 2: Overview of Pre-Visit Planning (PVP) Workflow: Briefly describe the overall process of pre-visit planning for your selected population

Response Criteria:

- **Which roles are responsible for conducting pre-visit planning?**
 - List all the roles that are involved in the pre-visit planning process.
- **When does pre-visit planning take place?**
 - Describe the specific timeframe(s) for pre-visit planning. If there are multiple timeframes, describe which timeframe applies to each pre-visit planning activity.
- **What is the format of pre-visit planning?**
 - Describe the format(s) for pre-visit planning, include the specific activities, meeting, mechanism or method for pre-visit planning activities. Examples include chart review, team huddle, an automated EHR tool, or another format.
- **What tools or data sources are used?**
 - List the tools and/or data sources for pre-visit planning, such as EHR dashboards, reports from your Qualified Health Information Organization, or Medi-Cal managed care plan, care gap lists, or other data.
- **What steps are included in the PVP process?**
 - List the individual steps in the pre-visit planning process, in the order that the steps happen. Responses should address what is reviewed, what may be

ordered (e.g., lab tests), the process for patient reminders (as applicable), and any huddles or meetings in which pre-visit planning is discussed.

- **Which care gaps are addressed during PVP?**
 - Responses should describe a minimum of two care gaps related to the POF that addressed as part of the pre-visit planning process.
- **What actions are taken as a result of PVP?**
 - Responses should address a minimum of two actions your practice could take as result of conducting the pre-visit planning process, for example, using standing orders (e.g., for prescriptions, labs, or immunizations), providing referrals, assigning work to the care team, etc.
- **How are outcomes of PVP tracked or monitored?**
 - Responses should include at least one discrete method to track or monitor the pre-visit planning process for the POF.

Pass:

The response passes if at least six of the prompts have complete information, as described within each prompt.

Fail:

The submission fails if more than two of the prompts are missing or provide incomplete information.

Question 3: Care Team Roles and Training: Complete the table below by listing the care team roles involved in pre-visit planning for your selected Population of Focus. For each role, describe the specific responsibilities they carry out as part of the PVP process (e.g., identifying care gaps, chart review, placing standing orders). Also include any trainings, scripts, or tools provided to support them in performing these responsibilities consistently and effectively.

Response Criteria:

- **Care Team Roles**
 - List at least one care team role responsible for pre-visit planning activities (e.g., medical assistant, provider, care coordinator, etc.)
- **Responsibilities in Pre-Visit Planning:**
 - There should be a minimum of two responsibilities in the pre-visit planning process. If there is only role is responsible for pre-visit planning (e.g., a solo provider with one MA and the MA does the pre-visit planning), then that role would have at least two responsibilities. If there are more roles involved in pre-visit planning, then the pre-visit planning responsibilities for each should be listed.

- Describe any applicable trainings/scripts/tools provided
 - For each role, list the specific tools that staff person uses. There should be a minimum of one tool per outreach role and if not, describe why this is not applicable (e.g., our provider participates in the pre-visit huddle but does not use a tool for the huddle, we just walk through the patient charts).

Pass:

The submission lists a care team role, at least two responsibilities, and at least one tool, script or training that's used to support the pre-visit planning process.

Fail:

If the response does not include a care team role, at least two pre-visit planning responsibilities, and at least one tool script or training that's used to support the pre-visit planning process, the response fails.

Question 4: Use of Managed Care Plan (MCP) and Registry Reports: Complete the table below by listing the types of reports your practice uses to support pre-visit planning (e.g., gaps in care reports, assigned and unseen patient lists, immunization registries). For each report, describe how it is accessed and how it is used in your workflow.

Response Criteria:

- **Report Type (e.g., registry, gaps in care)**
 - The submission should include the types of reports used in pre-visit planning and their source. For example, you may reference an Assigned but Unseen patient list from your MCP and also a list of patients overdue for a vaccine from an EHR query or standard report.
- **How Reports are Accessed**
 - For each report type, the submission should list how the report is accessed, even if it duplicates information provided in Report Type. For example, you may access a report on patients overdue for an immunization by running a report in your EHR.
- **How Reports Are Used**
 - The submission should list at least one way the report is used , for example, if you run a report listing patients who have not had a PHQ-2 score, you could use the report to flag those patients to ensure a PHQ-2 is administered at the upcoming visit.

Pass:

The submission passes if it includes at least one report and source for the report, at least one way that reports are accessed, and at least one way in which the report is used.

Fail:

The submission fails if it does not include at least one report used for pre-visit planning, along with a description of how the report is accessed and how the report is used.

Question 5: Detailed Workflow Steps: Complete the table below by outlining the key steps in your pre-visit planning workflow. For each step, indicate who is responsible, what tools or systems are used, and when the step typically occurs relative to the visit.

Response Criteria:

- **Step in Workflow**
 - The submission should include at least three steps that are part of the pre-visit workflow. The step should be described in sufficient detail such that someone who is not familiar with your practice could understand the work being done.
- **Responsible Roles**
 - For each of the steps in the pre-visit workflow, describe the role(s) that are responsible for undertaking the work.
- **Tools/Systems Used**
 - For each of the steps in the pre-visit workflow, list the tools or systems used. It may be the same tool or system for all steps.
- **Timing (e.g., 48 hours before visit)**
 - For each of the steps in the pre-visit workflow, list the specific timing for when each step occurs, for example, the number of hours or days before a visit.

Pass:

The response passes if at least three workflow steps are provided and each step includes the responsible role(s), tools or systems used, and timing.

Fail:

The response fails if fewer than three workflow steps are provided and/or if each step doesn't include the responsible roles, tools or systems used, and timing.

Question 6: Evidence of Implementation: List at least two actions your practice has implemented to strengthen outreach and engagement for your selected PoF. For each,

include the date the action was first implemented (i.e., when it launched or began being used with patients), how many patients were impacted, how success was measured, and any observed outcomes. Small-scale pilots and PDSA cycles are acceptable. To meet this milestone requirement, practices must implement at least two NEW actions (since the start of EPT) by November 2025.

Response Criteria:

- **Implemented Action**
 - Submissions should include a minimum of two actions and each action should be clearly described (e.g., prepare FIT kits for eligible patients that are given/explained by medical assistant during rooming).
- **Date of Implementation Start**
 - For each implemented action, a specific date should be provided. This date should not be before January 2024 which is the start of EPT.
- **# of Patients Impacted**
 - For each implemented action, the *number* of patients impacted for at least two actions should be provided. A percentage should not be used here. Practices that would like to use a percentage should also translate that percentage to a number (e.g., 20% of our assigned and unseen patients, which is 125 patients).
- **Metrics Used to Evaluate if Action was Successful**
 - For each implemented action, at least one metric should be provided. The metric must be clearly described (e.g., % of patients due for colorectal cancer screening whose providers discussed colorectal cancer screening at the visit, or the number of patients with overdue immunizations were immunized at their next visit).
- **Results Observed**
 - For each implemented action there must be at least one observed result that is based on the metric used for evaluation. For example, if the practice was measuring whether patients overdue for colorectal cancer screening had a discussion with their providers about the screening and that percentage was low, an observed result might be that the process to flag this conversation was not successful and the practice is exploring how to adapt this process to improve the outcome.

Pass:

At least two actions are clearly described and each action also has the date of implementation, number of patients impacted, a metric to evaluate if the action was successful, and an observation of the result.

Fail:



Equity and Practice Transformation (EPT) Payment Program Pre-Visit Planning

If fewer than two actions are listed the submission fails. If incomplete information isn't provided for at least two actions (e.g., date of implementation start, number of patients impacted, metrics to evaluate success, and results observed), the submission fails.