Instructions

Using the <u>EPT deliverable portal</u>, please complete the prompts for all questions in this template.

Milestone Language: Assess current core and expanded care team roles to identify gaps in functions and roles needed to manage the population of focus. Identify and implement new core and expanded care team model to address identified gaps.

STEP 1. CURRENT CARE TEAM STRUCTURE & FUNCTIONS

A: Number of sites that your EPT work encompasses

Submissions list the number sites that EPT work encompasses (e.g., the number of sites in which EPT work is being implemented).

Response Criteria:

N/A – Question must include a response but the response itself is not scored.

Pass:

The response includes the number of sites

Fail:

The response is blank

B: Core Care Team Structure (Direct Patient Care)

- List current care team roles (e.g., Primary Care Provider, Nurse, Medical Assistant, Care Coordinator, Behavioral Health Provider, etc.) within your sites that are designing and implementing improvements related to EPT.
- If you have multiple sites participating in EPT, pick one site that is most representative for your PoF work.
- Please also include additional/expanded care team roles (e.g., Community Health Worker, Pharmacist, Health Coach, Case Manager, Patient Navigator, etc.).
- Describe each role's primary responsibilities related to your PoF.

Response Criteria:

- The table includes at least two care team roles, including at least one PCP and allied health professional (e.g., medical assistant)
- For at least two roles, each column in the table is completed

Pass:

The response passes if it includes a minimum of two roles, including a primary care provider and an allied health professional, and there is information in each of the other 5 columns (# of individuals in the role, combined FTE, dedicated or shared, panel-assigned to role, and primary responsibilities related to POF).

Fail:

The submission fails if fewer than two roles are listed or if any of the 5 columns do not have complete information for at least two of the roles.

C. Clarifying Notes:

As needed, provide additional detail about how roles are distributed across sites, the use of float staff, shared services, or nuances in FTE and panel assignment.

Response Criteria:	
Question not scored	
Pass: N/A	
Fail:	
J/A	

D. Care Team Functions

Note: Care Team Functions are specific to each POF. A practice's selected POF will be displayed in the portal. For each POF, a practice must respond to 80% of the prompts. To be considered a response, column one or column two must have content (either meets criteria) and column three must have content.

Response Criteria by POF:

- Pregnant People: 36 prompts total; 29 prompts must include a response
- Children & Youth: 18 prompts total; 15 prompts must include a response



- Adults with Chronic Conditions: 15 prompts total; 12 prompts must include a response
- Adults with Preventive Care Needs: 22 prompts total; 18 prompts must include a response
- Adults with Behavioral Health Needs: 11 prompts total; 9 prompts must include a response

Pass:

The submission includes responses for at least 80% of the prompts; a prompt includes content in either column 1 (a care team title) or column 2 (check box), and content in column 3 (a care team title).

Fail:

The submission fails if fewer than 80% of the prompts don't have content in column 1 or 2, and content in column 3.

Step 2: Implementation Plan – Action Items to Optimize Care Team Model

Select a minimum of two action items to implement based on the gaps identified in Table 2. You may include actions implemented at any time during your participation in the EPT program. Provide more information about how your practice is addressing these gaps in Table 3.

Response Criteria:

- Gap Identified in Table 2
 - Submissions should include at least two gaps identified from table 2
- Action Taken or Planned
 - Submissions should include a minimum of two actions that have been taken or are in progress
- Team Role(s) Added or Changed
 - Submissions should describe a specific role and indicate whether it's a new role or how the role changed for at least two actions
- Training or Support Needed
 - Submissions should describe any training or support needed to effectively change the care team role for at least two roles that have been added or changed
- Implementation Status (since the start of EPT)

 Submissions should indicate the implementation status for at least two actions

Pass:

At least two actions are clearly described and each action also: indicates whether the action has been taken or is in progress for implementation; which team role was added or changed; what training or support was needed; and, indicates the implementation status.

Fail:

If fewer than two actions are listed the submission fails. If incomplete information is provided for at least two actions (e.g. whether the action has been taken or is in progress; a specific role that has been added or changed; training or support needs; and, implementation status), the submission fails.

3. Evidence of Implementation

Evidence of Implementation: List at least two actions your practice has implemented to improve care team roles or functions for your selected PoF. For each, include the date the action was first implemented (i.e., when it was 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., our practice implemented a behavioral health consult workflow and trained medical assistants to use the PHQ-9 depression screening tool).

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

o 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., 30% of our adults with missing depression screens, or 400 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 PHQ-2 and PHQ-9 screenings).

Results Observed

o 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 training MAs to screen patients for depression, an observed result might be that a follow-up training one month after implementation was needed to reinforce concepts previously introduced and to troubleshoot issues that have arisen in the previous month of screening.

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:

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.