

- Final Practice Site Progress Report -

(Note display logic is used to ensure PFs and CHITAs only answer questions applicable to them. Additional questions will display based on responses to previous questions, please ensure all questions are answered before submitting.)

Identify for which role(s) this final progress report is being completed for:

If an individual is both the PF and CHITA, then only one progress report needs to be submitted with all applicable questions completed. Otherwise a progress report needs to be completed by each role for the services provided.

(Select all that apply)

Practice Facilitator (PF)

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Clinical HIT Advisor (CHITA)

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Other Role (Specify)

☐

Specify the 'Other Role' this final progress report is being completed for:

Final Progress Report - Behavioral Health Work

Describe the significant improvements this practice site made during participation in SIM regarding behavioral health care for its patients:

(Response Required)

Q1.7BHImprovementsSustainabilityConfidence

Rate your confidence level in the practice site to sustain these improvements beyond participation in SIM (on a scale from 1 - Not Confident at All to 10 - Extremely Confident):

(1) Not Confident at All (2) Less Confident (3) Confident (4) Very Confident (5) Extremely Confident

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Discuss why or why not these improvements are sustainable for the practice site beyond participation in SIM:

(Response Required)

Discuss what aspects of practice transformation support most significantly contributed to the implementation of these improvements at the practice site:

(Response Required)

Final Progress Report - Health Information Technology Work

Describe the significant improvements this practice site made during participation in SIM regarding the quality of EHR documentation and the ability to extract, report, and use clinical quality measures:

(Response Required)

Q1.12 HIT Improvements Sustainability Confidence

Rate your confidence level in the practice site to sustain these improvements beyond participation in SIM (on a scale from 1 - Not Confident at All to 10 - Extremely Confident):

(1) Not Confident at All (2) Less Confident (3) Confident (4) Very Confident (5) Extremely Confident

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Discuss why or why not these improvements are sustainable for the practice site beyond participation in SIM:

(Response Required)

Discuss what aspects of practice transformation support most significantly contributed to the implementation of these improvements at the practice site:

(Response Required)

Select the most appropriate status for this practice site regarding work completed on clinical quality measures as a part of their improvement efforts during participation in SIM (if not applicable to the work completed with the practice site or the status is unknown select the 'Unable to comment on work completed' as the response):

	Select Status
Depression (NQF 0418) Screening and Follow-up Plan	<input type="text" value="▼"/>
Diabetes (NQF 0059) Hemoglobin A1C Poor Control	<input type="text" value="▼"/>
Hypertension (NQF 0018) High Blood Pressure Control	<input type="text" value="▼"/>
Obesity Adult (NQF 0421) Screening and Follow-up	<input type="text" value="▼"/>
Substance Use Disorder (CMS 137v5) Alcohol & Other Drug Dependence	<input type="text" value="▼"/>
Substance Use Disorder (NQF 0028) Tobacco Preventative Care & Screening	<input type="text" value="▼"/>
Substance Use Disorder (NQF 2152) Alcohol Screening and Brief Treatment	<input type="text" value="▼"/>
Asthma (NQF 1799) Medication Management	<input type="text" value="▼"/>
Fall Safety (NQF 0101) Screening for Future Fall Risk	<input type="text" value="▼"/>
Maternal Depression (NQF 1401) Screening and Follow-Up	<input type="text" value="▼"/>
Development Screening (NQF 1448) First 3 Years of Life	<input type="text" value="▼"/>
Obesity Adolescent (NQF 0024) Weight/Nutrition/Physical Activity Counseling	<input type="text" value="▼"/>
Depression (NQF 0710) Depression Remission at 12 Months	<input type="text" value="▼"/>

Final Progress Report - Additional Improvements Work

Describe additional significant improvements this practice site made during participation in SIM:
(Response Required)

Q1.18 Additional Improvements Sustainability Confidence

Rate your confidence level in the practice site to sustain these improvements beyond participation in SIM (on a scale from 1 - Not Confident at All to 10 - Extremely Confident):

(1) Not Confident at All	(2) Less Confident	(3) Confident	(4) Very Confident	(5) Extremely Confident
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Discuss why or why not these improvements are sustainable for the practice site beyond participation in SIM:

(Response Required)

Discuss what aspects of practice transformation support most significantly contributed to the implementation of these improvements at the practice site:

(Response Required)

Final Progress Report - SIM Barriers & Successes

Discuss what (you thought) was the single most significant barrier to improvements or progress was at this practice site during its participation in SIM:

(Response Required)

Discuss the most important aspect(s) or information the SIM evaluation team should know regarding the practice facilitation and HIT support provided to this practice site from the Practice Facilitator and/or Clinical HIT Advisor (e.g what was notable or unique about the support you provided? What do find to be the most effective aspect of your support approach?):

(Response Required)

Please provide details (if possible) regarding a success story/stories at this practice site as a result of participation in SIM (the SIM evaluation team is specifically interested in patient-related stories):
(Optional, but greatly appreciated!)

Additional comments or notes regarding this practice site's participation in SIM:
(Optional)

Upload files or documents related to work completed this month and/or during SIM:
(Optional)

Upload files or documents related to work completed this month and/or during SIM:
(Optional)

Complete the following details regarding this Final Progress Report submission:
(Response Required)

Date of Completion:
(mm/dd/yyyy)

Submitted by - Name:

Submitted by - Email:

Organization Role:

*Final Progress Report responses are considered final and cannot be changed after submitted.
Once submitted an field note response summary PDF will be available to download in SPLIT.*