



PCTM Interest in Participation Form

Thank you for your interest in the Primary Care Transformation Model (PCTM). Greater Health Now (GHN) will be partnering with 10 clinics for the project. The project will be one year in duration, beginning January 1, 2024 and ending December 31, 2024.

The following are requirements for participating providers:

- Provider is a qualified, licensed healthcare business interested in transforming its practice to improve population health, enhance patient experience, reduce costs, and improve the work life of health care providers.
- Provider actively participates in Shared Learning Webinars offered monthly.
- Provider meets with PCTM Subject Matter Expert monthly (at a minimum).
- Provider commits time and resources to Quality Improvement Committee to plan, implement, and monitor transformation activities.
- Provider completes quarterly reporting requirements in the Reporting Platform supplied by Greater Health Now.

Interested Applicant Organization Name and Address

1. Organization Name _____
2. Street Address 1 (If your organization has multiple locations, please enter the primary organization site where PCTM information should be sent.)

3. Street Address 2 (optional)

4. City _____
5. State _____ 6. Zip Code _____

Interested Applicant Primary Contact Information

1. Email address _____
2. Primary Contact First Name _____
3. Primary Contact Last Name _____

4. Title/Position_____

5. Business Phone_____6. Business Phone Ext. (optional)_____

How many primary care clinicians are part of your organization?

Clinician Type Number

Clinician Type Number

Clinician Type Number

Clinician Type Number

What interests you about Primary Care Transformation Model? (Select all that apply)

Potential opportunity to receive financial rewards, based on performance.

Improve systems, processes, and measures to facilitate engagement in valued-based payment contracts.

Receive support to invest in services for patients with high social risk factors.

Support for behavioral health integration into primary care.

Support to improve primary and specialty care coordination.

Support to improve primary care and community organization coordination.

Prior positive experience with Greater Health Now (*previously named Greater Columbia Accountable Community of Health*)

Other (please specify)_____

What concerns or barriers, if any, do you have or anticipate about participating in PCTM with Greater Health Now?

Having enough resources to meet care delivery requirements

Having enough resources to manage administrative tasks

Reporting requirements (practice performance metrics, clinical outcome measures, policy/process implementation)

Lack of leadership support

Our ability to partner with specialists

Our ability to partner with community-based organizations

Financial Concerns

Lack of experience with value-based payment models

Other (please specify)_____