Q1. Which options reflect your current focus related to designing and implementing a FFS alternative for Track 2 practices?

- Scanning capabilities/landscape: 18%
- Defining design principles: 38%
- Creating Track 2 operations plan: 30%
- Implementing Track 2 alternative: 22%

Total Responses: 50
Q2. Which best describes the stage your organization is at for alternative-to-FFS payment in Track 2?

- Model implemented & operational: 13%
- Implementing Track 2: 6%
- Final or near-final contracting: 0%
- In communication w/practice(s): 9%
- Internal planning - operations: 26%
- Internal planning - design: 40%
- Don’t know: 6%
- No plans to offer Track 2 model: 0%

Total Responses: 47
Q3. When do you expect to implement your T2 alternative-to-FFS model?

- Already implementing: 18%
- Q1 2018: 35%
- Q2 2018: 12%
- Q3 2018: 4%
- Q4 2018: 0%
- Q3 2017: 2%
- Q4 2017: 2%
- 2019 or later: 24%
- Not offering T2: 2%
Q4. If you plan to decrease FFS rates in T2 relative to T1, which best describes the element of risk in the payment model?

- **No/limited risk to practice**: 46%
- **Some risk borne by practice**: 43%
- **Track 1 and 2 are the same**: 8%
- **Other/combinations**: 3%

Total Responses: 37
Q5. Has your organization decided what services to include in the Track 2 FFS alternative?

- All primary care E&M: 36%
- May carve out preventative svcs: 11%
- Considering high cost exclusions: 4%
- May/will carve out pharmacy: 2%
- Other: 20%
- Don’t know: 40%

Total Responses: 45
Q6. For regions with >1 payer: Are payers collaborating on Track 2 to minimize practice burden of receiving different payment types?

- Active collaboration: 23%
- Some discussion of collaboration: 36%
- No collaboration/not there yet: 40%

Total Responses: 47