



Annual Reporting Requirements for PCMH Recognition

Overview & Table

Reporting Period: 4/3/2017–3/31/2018

Redesign Goals

NCQA is redesigning our PCMH Recognition program. The redesigned program—to be launched April 3, 2017—includes ongoing status as a recognized practice with annual check-in and reporting, replacing the current program's three-year recognition cycle. Our redesigned program offers:

- **Flexibility.** Practices take the path to recognition that suits their strengths, schedule and goals.
- **Personalized service.** Practices get more interaction with NCQA. Each practice is assigned a NCQA Representative who'll serve as the primary NCQA contact and "go-to" guide.
- **User-friendly approach.** Reporting requirements remain meaningful, but with simplified reporting and less paperwork.
- **Continuous improvement.** Annual checks help practices strengthen as medical homes by frequently reviewing progress and encouraging performance improvement.
- **Alignment with changes in health care.** The program aligns with current public and private initiatives and can adapt to future changes.

Our recognition process has three parts:

1. **Commit.** When a practice signs up to work with NCQA, they complete an assessment online. The practice receives guidance from their NCQA Representative to determine their evaluation plan and schedule.
2. **Transform.** Practices gradually transform, building upon their prior success. During this time, they demonstrate progress by submitting documentation and data to be evaluated by NCQA. Practices submit through a newly streamlined system designed to reduce paperwork and administrative hassles.

Along the way, NCQA conducts virtual reviews—check-ins—with the practice to gauge progress and to discuss next steps in the evaluation. The virtual reviews—conducted via screen sharing technology—give practices immediate and personalized feedback on what is going well and what needs to improve. This makes NCQA evaluations more educational and collaborative.

3. **Succeed.** The practice continues to implement and enhance their PCMH model to meet the needs of patients. Each year, the practice checks in with NCQA to demonstrate ongoing activities consistent with the PCMH model and the implementation of PCMH standards. This reporting includes attesting to certain policies and procedures and submission of key data.

New Online Platform

NCQA will launch a new online platform to support the new recognition process. Practices will be able to apply for recognition, sign agreements, access training and other resources, submit documentation, update and confirm data, track evaluations completed, print certificates and sustain their recognition using this system. The new platform will be released on April 3, 2017.

Sustaining Your Recognition

This document focuses on data reporting requirements for the annual check-in. Practices will demonstrate they continue to align with recognition requirements by submitting data and documentation on these critical aspects of PCMH:

- Patient-centered access.
- Team-based care.
- Population health management.
- Care management.
- Care coordination and care transitions.
- Performance measurement and quality improvement.

Practices will also have the opportunity to submit data and documentation on special topics, such as behavioral health.

Annual Check-In Process: Data Reporting, Audit and Decision

- Practices will use the new online platform for submission of documentation that supports reporting requirements at their annual check-in.
- Practices must complete a self-assessment at the annual check-in, verifying core features of the medical home have been sustained.
- Practices must meet the minimum number of requirements for each category.
- NCQA reviews submission and notifies practices of their sustained recognition status.
- NCQA will randomly select practices for audit to validate attestation and submitted documentation and data.
- Practices that do not submit data on time or fail to meet other requirements may have their recognition status suspended or revoked. That may include having their recognition status on NCQA's Web site changed to "Not Recognized."

Annual Check-in Requirements (Annual Assessment and Reporting Requirements)

Practices will attest to core criteria based on the current PCMH program, which consists of key expectations that recognized practices must meet as a medical home. In addition, the PCMH Annual Reporting Requirements table (starting on page 3 of this document) outlines reporting options for eligible recognized practices through successfully transformation and achievement of PCMH 2014 Level 3 recognition.

Annual reporting requirements may be removed, modified or added over time. Practices will be notified of changes and given time to prepare data and documentation.

Reporting Measures to NCQA?

NCQA has identified measures acceptable for annual reporting and will update this list periodically. [The list of measures from which to choose can be found here.](#)

Electronic Clinical Quality Measures

Electronic Clinical Quality Measures (eCQMs) are standardized performance measures from electronic health records (EHR) or health information technology systems. Beginning with launch of the PCMH 2017 program, practices will have the option to submit electronic clinical quality measures (eCQMs) to NCQA in support of their recognition process. The [identified measures](#) can be submitted through electronic health records, health information exchanges, qualified clinical data registries (QCDRs) and data analytics companies as long as they can use the electronic specifications as defined by the Centers for Medicare & Medicaid Services for the ambulatory quality reporting programs. More details about the submission process to NCQA will be forthcoming.

Patient-Centered Access

Has your practice continued to monitor appointment access?

Choose 1 option from the 3 below to submit for your annual check-in.

Option #	Requirements	Data/Documentation Required CD= Corporate Data Accepted SS = Site-Specific Data Required
1	Monitor appointment access on patient experience survey	<p>If your patient experience survey includes questions related to access, provide the following:</p> <ol style="list-style-type: none"> 1. Copy of the patient experience survey tool. Practices that use a CAHPS survey do not need to provide the survey. (Documentation, CD) 2. Number of patients surveyed in the past 12 months. (Data, SS) 3. Number of completed surveys in the past 12 months. (Data, SS) 4. A report with results from the access questions. (Documentation; CD, if report is stratified by site.)
2	Provide third next available appointment	<ol style="list-style-type: none"> 1. Provide the third next available appointment for urgent appointments. (Data, SS) 2. Provide the third next available appointment for routine appointments (new patient physical, routine exam, return visit exam). For routine requests, exclude any appointments blocked for same-day or urgent visits (since they are “blocked off” the schedule). (Data, SS) <p>Practices may use the Institute for Healthcare Improvement’s (IHI) method to calculate the third next available appointment.</p> <ul style="list-style-type: none"> • Sample all clinicians on the team once a week, on the same day, at the same time of day, <i>for at least one month</i> between annual check-ins. • Count the number of days between a request for an appointment (e.g., enter dummy patient) with a physician and the third next available appointment for a new patient physical, routine exam, or return visit exam. • Report the average number of days for all physicians sampled. <p>Note: <i>Count calendar days (e.g. include weekends) and days off.</i></p>

Option #	Requirements	Data/Documentation Required CD= Corporate Data Accepted SS = Site-Specific Data Required
3	<p>Demonstrate other method of monitoring access for urgent and routine appointments</p>	<p>1. Demonstrate a method used for enhanced patient scheduling/same-day service. (Documentation, SS)</p> <p>Examples may include:</p> <ul style="list-style-type: none"> • A report showing monitoring of access to both urgent and routine (new patient physical, routine exam, return visit exam) appointments using a method other than option 2. The method must exclude use of appointment times from cancellations and no-shows and demonstrate a minimum of 5 consecutive days. • A summary or report of appointments designated for same-day urgent and routine visits. <p><i>Note: Adding ad hoc or unscheduled appointments to a full day of scheduled appointments does not meet the requirement. Conducting a walk-in clinic does not meet the requirement. There should be appointments available to allow for patient planning needs.</i></p>

Team-Based Care

Has your practice continued to use a team-based approach to provide primary care?

Choose 1 option from the 2 below to submit for your annual check-in.

Option #	Requirements	Data/Documentation Required CD= Corporate Data Accepted SS = Site-Specific Data Required
1	Attest to pre-visit planning activities	1. Does your practice anticipate and plan for upcoming visits? Check any of the following formats that your practice uses. (CD) <ul style="list-style-type: none"> <input type="checkbox"/> Team meetings/huddles. <input type="checkbox"/> Structured communication. <input type="checkbox"/> Dashboard in the EHR. <input type="checkbox"/> Checklist. <input type="checkbox"/> Appointment notes. <input type="checkbox"/> Other _____
2	Measure team-based care in your employee experience/satisfaction survey (e.g., collaboration, communication, team dynamics)	If your employee experience/satisfaction survey covers, at a minimum, collaboration, communication and team dynamics, provide the following: <ol style="list-style-type: none"> 1. Copy of the employee experience survey tool. (Documentation, CD) 2. Number of employees (staff/clinicians) surveyed in the past 12 months. (Data; CD, at least 1 employee from each site must be included) 3. Number of employees (staff/clinicians) who completed the survey in the past 12 months. (Data; CD, at least 1 employee from each site must be included) 4. Report of results for all questions related to collaboration, communication, team dynamics. (Documentation; CD, report does not need to be stratified by site)

Population Health Management

Has your practice continued to proactively remind patients of upcoming services?

Submit the information requested for your annual check-in.

	Requirements	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
Required	<p>Provide reminders for at least 5 different services across at least 2 categories below:</p> <ul style="list-style-type: none"> • Preventive care services. • Immunizations. • Chronic or acute care services. • Patients not seen regularly. • Patients who need medication monitoring or alerts. 	<p>For each reminder:</p> <ol style="list-style-type: none"> 1. Identify the service for which patients received a reminder. (CD) <ul style="list-style-type: none"> • Preventive care services. • Immunizations. • Chronic or acute care services. • Patients not seen regularly. • Patients who need medication monitoring or alerts. 2. Provide frequency of identification of patients/sending reminders to patients (monthly, quarterly, annually, other). (CD) <p>Note: <i>If 75 percent of clinicians have DRP or HSRP recognition, practice receives credit for three chronic care services.</i></p>

Care Management

Has your practice continued to identify patients who may benefit from care management?

Submit the information requested for your annual check-in.

	Requirements	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
Items 1 and 2 are required; items 3-5 are optional.	Identify patients who may benefit from care management	<ol style="list-style-type: none"> The practice selects which of the following are considered in their criteria for identifying patients who may benefit from care management. Practices must use at least two from the list below. (CD) <ul style="list-style-type: none"> Behavioral health conditions. High cost/high utilization. Poorly controlled or complex conditions. Social determinants of health. Referrals by outside organizations, practice staff or patient/family/caregiver. The number of patients who were identified for care management using the criteria selected above. (Data, SS) The total number of patients in the practice. (Optional data, SS) The number of patients who have had an encounter with the practice in the past year. (Optional data, SS) The number of patients identified for care management who have had an encounter with the practice in the past year. (Optional data, SS)

Care Coordination and Care Transitions

Has your practice continued to coordinate care with labs, specialists, institutional settings or other care facilities?

Choose 1 option from the 4 below to submit for your annual check-in. You must also respond to the attestation questions.

Option #	Requirements	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required	Manual Option
Response Required	Attest to test and referral tracking activities	<p>The practice shares whether there is a process in place for referral tracking and follow-up, test tracking and follow-up and care transitions. (CD)</p> <ol style="list-style-type: none"> Does your practice use a continuous process for the following? Check any that apply: <ul style="list-style-type: none"> Tracking labs. Tracking imaging tests. Transitions of care. Do you track labs until results are available, flagging and following up on overdue results? Do you track imaging tests until results are available, flagging and following up on overdue results? Do you track referrals until specialist reports are available, flagging and following up on overdue reports? (Tracking, flagging and following up on referrals is a required factor to achieve and sustain PCMH recognition.) 	No alternative reporting method available.
Referral Tracking and Follow-Up			
1	Track percentage of referrals with a final report	<p>The practice provides:</p> <ol style="list-style-type: none"> <i>Denominator:</i> The number of referral orders sent to specialists. (Data, SS) <i>Numerator:</i> The number of consultant reports received from specialists from the referral order list above (count one report per referral). (Data, SS) <i>Reporting period:</i> The number of months of data provided (3–12 months). (Data, SS) 	<p>IF USING MANUAL DATA</p> <ol style="list-style-type: none"> <u>Denominator: 30</u> <u>How to select the referral request to specialists.</u> Pick 30 consecutive referral orders to specialists from the past year (within 12 months prior to the reporting date). (Data, SS) <u>Numerator: Number of consultant reports received back from orders.</u> Search the chart or tracking tool for the 30 referrals and report how many have a consultant report that came back to the practice from

Option #	Requirements	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required	Manual Option
			the referral (one report per order). (Data, SS)
2	Measure care coordination in patient experience survey	<p>If your patient experience survey includes questions related to care coordination, provide the following:</p> <ol style="list-style-type: none"> 1. Copy of the patient experience survey tool. Practices that use a CAHPS survey do not need to provide the survey. (Documentation, CD) 2. Number of patients surveyed in the past 12 months. (Data, SS) 3. Number of completed surveys in the past 12 months. (Data, SS) 4. A report with results from the care coordination questions. (Documentation, CD, if report is stratified.) 	No alternative reporting method available.
Test Tracking and Follow-Up			
3	Track lab and imaging tests until results are available	<p>The practice provides (separately for lab and imaging orders/results):</p> <p>Labs</p> <ol style="list-style-type: none"> 1. Denominator: The number of lab orders sent in the prior 12 months. (Data, SS) 2. Numerator: The number of reports received from lab orders (count one report per order, with full results, even if reports for individual portions of an order come back at different times). (Data, SS) 3. Reporting period: The number of months of data provided (3–12 months). (Data, SS) <p>Imaging</p> <ol style="list-style-type: none"> 1. <i>Denominator</i>: The number of imaging orders sent in the prior 12 months. (Data, SS) 2. <i>Numerator</i>: The number of reports received from imaging orders (count one report per order, with full results, even if reports for 	<p>IF USING MANUAL DATA (30 each for lab orders and imaging orders)</p> <ol style="list-style-type: none"> 1. <u><i>Denominator</i></u>: 30 each for lab and imaging orders (<u><i>separate the lab orders from the imaging orders</i></u>). Pick 30 consecutive lab orders and 30 consecutive imaging orders from the past year (within 12 months prior to the reporting date). (Data, SS) 2. <u><i>Numerator</i></u>: Number of lab reports received back from orders. Search the chart or tracking tool for the 30 lab orders and report how many had a lab report that came back to the practice from the lab order (one report per order, full results of all tests). (Data, SS) 3. <u><i>Numerator</i></u>: Number of imaging reports received back from orders. Search the chart or tracking tool for the 30 imaging orders and report how many have an

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		individual portions of an order come back at different times). (Data, SS) 3. <i>Reporting period:</i> The number of months of data provided (3–12 months). (Data, SS)	imaging report that came back to the practice from the imaging order (one report per order, full results of all tests). (Data, SS)
Care Transitions			
4	Measure percentage of care transitions for which a summary of care document or discharge instructions have been received	1. <i>Denominator:</i> The number of patient transitions identified by the practice (transitioned by a facility, including hospitals, ERs, skilled nursing facilities and surgical centers) within the prior 12-month period. (Data, SS) <i>Note: Facilities other than hospitalizations and ED visits may be excluded.</i> 2. <i>Numerator:</i> The number of transitions in the denominator for which practice received discharge instructions or a summary of care document, including the following data, as applicable: transitioning provider contact information, procedures, encounter diagnosis, laboratory tests, vital signs, care plan goals and instructions, discharge instructions. (Data, SS) 3. <i>Reporting period:</i> The number of months of data provided (3–12 months). (Data, SS) <i>Note: This information is not required to be transmitted electronically.</i>	IF USING MANUAL DATA 1. <u><i>Denominator: 30</i></u> <u><i>How to select care transitions.</i></u> Pick 30 consecutive care transitions from the past year (within 12 months prior to the reporting date). (Data, SS) 2. <u><i>Numerator: Number of summary care documents/discharge instructions.</i></u> Search the chart or tracking tool for the 30 care transitions and report how many have discharge instructions or a summary of care document associated with them. (Data, SS)

Performance Measurement and Quality Improvement

Has your practice continued to collect and use performance measurement data for quality improvement activities?

Practices must submit the information requested for your annual check-in.

	Requirements	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
Required	Measure performance	<p>Data/Drop-down boxes or supported by prevalidation</p> <p>At least annually, the practice measures or receives data on:</p> <ol style="list-style-type: none"> At least five clinical quality measures across two of three categories (<i>eCQMs may submit only three measures</i>): <ul style="list-style-type: none"> Immunizations. Other preventive care. Chronic/acute care. <p>Note: <i>Clinical quality measures may not all come from one measure category.</i></p> <ol style="list-style-type: none"> At least one resource stewardship/utilization/health care cost measure (<i>eCQMs submit 1 measure</i>). At least one patient experience measure or documentation of using a patient advisory council or other method of patient feedback. <p>For measures, submit:</p> <ol style="list-style-type: none"> The measure category (drop-down box). (CD) The measure name. (CD) The denominator description for the measure. (CD) The numerator description for the measure. (CD) The number of patients in the denominator (after exclusions). (Data, SS) The number of patients in the numerator. (Data, SS) Reporting period: The number of months for which the denominator is calculated (3–12 months). (Data, SS) Was the measure a target for quality improvement in the past year? (Yes/No).

	Requirements	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
Required	Attest to quality improvement activities	<p>Fill out the QI worksheet for the top three priorities. (CD)</p> <p>What are your practice's top three QI activities? [open field]</p> <ol style="list-style-type: none"> 1. 2. 3.

Special Topic: Behavioral Health

Addressing the behavioral health needs of patients is an important aspect of comprehensive, whole-person care. In this section, NCQA seeks simply to understand the models used by recognized practices.

Practices must submit the information about behavioral health based on the information outlined below. This special topic section is to help move practices towards better integration of behavioral health, but is not evaluated/scored to sustain PCMH recognition.

Requirements	Options	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
Informational	BH1. Identify eCQMs	1. Identify which eCQMs are monitored by the practice and reported. <i>(Note: drop-down menu will be available on the platform.)</i> (Data, SS)
Informational	BH2. Identify how behavioral health needs of patients are addressed	1. How does your practice address behavioral health needs of patients with the following behavioral health specialists? Check all that apply. (CD) <ul style="list-style-type: none"> a. Doctors of medicine (MD) or doctors of osteopathy (DO) who are state certified or licensed in psychiatry and/or addiction medicine <ul style="list-style-type: none"> <input type="checkbox"/> Agreements with external behavioral health specialists <input type="checkbox"/> Co-location with behavioral health specialist <input type="checkbox"/> Behavioral health specialist is integrated within the practice <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____ b. Advanced practice registered nurses (APRN) (including nurse practitioners and clinical nurse specialists) <ul style="list-style-type: none"> <input type="checkbox"/> Agreements with external behavioral health specialists <input type="checkbox"/> Co-location with behavioral health specialist <input type="checkbox"/> Behavioral health specialist is integrated within the practice <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____ c. Doctoral or master's-level psychologists who are state certified or licensed <ul style="list-style-type: none"> <input type="checkbox"/> Agreements with external behavioral health specialists <input type="checkbox"/> Co-location with behavioral health specialist <input type="checkbox"/> Behavioral health specialist is integrated within the practice <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____

Requirements	Options	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
		<p>d. Doctoral or master's-level clinical social workers who are state certified or licensed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agreements with external behavioral health specialists <input type="checkbox"/> Co-location with behavioral health specialist <input type="checkbox"/> Behavioral health specialist is integrated within the practice) <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____ <p>e. Doctoral or master's-level marriage and family counselors who are state certified, registered or licensed by the state to practice independently.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agreements with external behavioral health specialists <input type="checkbox"/> Co-location with behavioral health specialist <input type="checkbox"/> Behavioral health specialist is integrated within the practice <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____ <p>f. Doctoral or master's-level alcohol and drug counselors who are state certified, registered or licensed by the state to practice independently.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agreements with external behavioral health specialists <input type="checkbox"/> Co-location with behavioral health specialist <input type="checkbox"/> Behavioral health specialist is integrated within the practice <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____ <p>2. Provide a description of the patient "hand-off" process.</p>

	Requirements	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required	Manual Option
Informational	BH3. Monitor access to appointments for behavioral healthcare (for all referrals combined)	<p>Include data for all patients referred to any behavioral health specialist and report the following data:</p> <ol style="list-style-type: none"> <i>Denominator:</i> The number of initial behavioral health referrals. Include referrals to integrated behavioral health specialists, as well as to specialists in the community. (Data, SS) <i>Numerator:</i> The number of referrals for which an appointment was scheduled. (Data, SS) <i>Numerator:</i> The number of completed appointments or patients seen within 10 days of the referral. If the practice has an integrated behavioral health specialist and performs a warm hand-off at the time of the referral (patient is seen by the specialist on the same day the referral is made) this counts as an initial appointment. (Data, SS) <i>Reporting period:</i> The number of months of data provided (3–12 months). (Data, SS) 	<p>IF USING MANUAL DATA</p> <ol style="list-style-type: none"> <u><i>Denominator: 30</i></u> <u>How to select behavioral health referrals.</u> Pick 30 consecutive behavioral health referrals from the past year (within 12 months prior to the reporting date). (Data, SS) <u><i>Numerator: Number of referrals for which an appointment was scheduled.</i></u> Search the chart or tracking tool for the 30 behavioral health referrals and report how many had an appointment scheduled. (Data, SS) <u><i>Numerator: Number of completed appointments/patient seen within 10 days of the referral.</i></u> Search the chart or tracking tool for the 30 behavioral health referrals and report how many have appointments were completed or patients were seen within 10 days of the referral. (Data, SS)

Requirements	Options	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
Informational	BH4. Measure depression screening	<p>May be supported by prevalidation.</p> <p>Identify tool. Drop-down with validated tools. (Attestation, CD)</p> <ul style="list-style-type: none"> • PHQ-2 • PHQ-9 • Other _____ <p>The practice defines:</p> <ol style="list-style-type: none"> 1. The patients included in the denominator (e.g., certain age groups, people without a history of depression). Open field. (Data, SS) <p>The practice provides the following data:</p> <ol style="list-style-type: none"> 2. <i>Denominator</i>: The number of patients. (Data, SS) 3. <i>Numerator</i>: The number of patients screened. (Data, SS) 4. Reporting period: Number of months (3-12 months) (Data, SS) <p><input type="checkbox"/> Check here if you're using NQF-endorsed Measure 0418: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan to report the numerator and denominator.</p>
Informational	BH5. Measure anxiety screening	<p>Identify tool. Drop-down with validated tools. (CD)</p> <ul style="list-style-type: none"> • <i>GAD-7 (Generalized Anxiety Disorder)</i>: A seven-question screening tool that identifies whether a complete assessment for anxiety is indicated. • <i>PC-PTSD</i>: A four-item screen designed for use in primary care and other medical settings to screen for post-traumatic stress disorder. It is currently used by the VA. • Other _____ <p>The practice defines:</p> <ol style="list-style-type: none"> 1. The patients included in the denominator (e.g., certain age groups, people without a history of anxiety). (Data, SS) <p>The practice provides the following data:</p> <ol style="list-style-type: none"> 2. <i>Denominator</i>: The number of patients. (Data, SS) 3. <i>Numerator</i>: The number of patients screened. (Data, SS) 4. Reporting period: Number of months (3-12 months) (Data, SS)

Requirements	Options	Documentation/Data Required CD= Corporate Data Accepted SS = Site-Specific Data Required
Informational	BH6. Provide decision support intervention for mental health or substance use disorder	<p>May be supported by prevalidation (if the mental health/substance use disorder option is implemented).</p> <p>1. Which topics does your practice address with decision support based on evidence-based guidelines? (<i>Note: This requirement focuses on treatment guidelines, not on screening guidelines.</i>) (CD)</p> <p><i>Mental Health Issues</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Dementia/Alzheimer's <input type="checkbox"/> Other _____ <p><i>Substance Use Issues</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Illegal drug use <input type="checkbox"/> Prescription drug addiction <input type="checkbox"/> Alcoholism <input type="checkbox"/> Other _____