

Patient-Centered Medical Home Checklist

Build your medical home with a strong foundation in family medicine. Apply this checklist to your practice.

QUALITY CARE

Do you and your staff foster a culture of improvement?

- Establish core performance measures
- Collect and analyze data for better clinical management and efficiencies
- Discuss best practices and ways to improve
- Conduct regular clinical team meetings

Do your care plans include these components?

- Regularly updated problem list
- Patient involvement to address risks, circumstances, goals, expectations, and values
- Updated health risk assessment

Do you utilize risk-stratified care management principles to manage your patient population?

- Methodology to identify each patient's risk status
- Planned care for chronic conditions and preventive services
- Intensive care management for high-risk patients
- Tools to track patient populations by risk category

Do you incorporate patient safety into your clinic practice?

- Assess patient safety in your office
- Reconcile patient medications at each visit and post-hospitalization
- Have processes in place to report and address errors

Do you coordinate care across the medical neighborhood?

- Manage care transitions and build linkages to community-based resources
- Coordinate and monitor exchanges of information with specialists and other facilities
- Evaluate a care transition process

PATIENT-CENTERED CARE

Do you have processes to ensure patients' access to care?

- Same-day appointments and extended hours
- Physician access to medical charts 24/7 to inform care decisions
- Ability for patients to select their own physician
- Utilization of secure email for communication with patients
- Web portal for patients to request Rx refills, schedule appointments, etc.
- Procedures to accommodate barriers to patient care (transportation, physical, and cognitive barriers)
- Linguistically and culturally appropriate services

Do you engage patients in shared decision-making?

- Discuss treatment options in an unbiased way
- Consider the patient's health goals and priorities
- Understand the patient's psychosocial barriers to accessing and receiving care
- Create care plans in collaboration with the patient/caregiver
- Contact patients between visits to monitor progress toward treatment goals

Does your practice support patient self-management?

- Assess patient and caregiver self-management abilities
- Utilize motivational interviewing to coach patients
- Consider home monitoring for chronic conditions
- Engage family and caregivers in care plan
- Offer health coach support

Do you assess and improve experience of care for your patients?

- Conduct patient satisfaction surveys on a regular basis
- Establish a patient advisory panel to guide practice and quality improvement activities
- Conduct patient focus groups periodically



HEALTH INFORMATION TECHNOLOGY

Do you have a sound technology infrastructure in place?

- Secure user access, patient consent, and data breach protocols
- Compatibility with multiple device types (desktop, laptop, tablet, smartphone, etc.)
- Proven processes for system updates and full data recovery

Is your practice digitally connected to the medical neighborhood?

- Health information exchanges
- Secure messaging with patients and health professionals
- Electronic medication and diagnostic ordering/management
- Consult/referral management and follow-up communications

Have you considered these attributes in your EHR system?

- Population health management through patient registries
- Proactive health management of each patient
- Pre-built and customized reports for quality measures

Do you utilize evidence-based clinical decision support tools?

- Point-of-care answers to clinical questions
- Evidence-based data collection, documentation, and order sets
- Clinical terminology and coding tools (ICD, CPT, SNOMED)
- Pre-built and customized point-of-care alerts and reminders

FAMILY MEDICINE FOUNDATION

- Continuous healing relationships
- Whole person orientation
- Family and community context
- Comprehensive and coordinated care

PRACTICE ORGANIZATION

Do you have a disciplined financial management approach?

- Budget and forecast for the future, utilizing cost-benefit analysis
- Manage cash flow and seek revenue enhancing opportunities for your practice
- Optimize coding and billing procedures
- Contract and negotiate with payers from an informed position

Do you embrace a culture of change in your medical practice?

- Establish a PCMH leadership team to plan the transformation process
- Develop a timeline for PCMH implementation and monitor progress
- Engage all team members in a shared vision
- Value each team member by involving them in the change management process
- Provide staff education and training opportunities to support patient-centered care

Do you have a staffing model and practice environment that supports a PCMH?

- Personal physician that leads the team to coordinate efficient patient care
- Utilize team-based care to meet your patients' overall health care needs
- Defined roles for team members that encourage staff to perform at the highest level
- Flexible staffing schedules and cross-trained staff members to improve access
- Health coach and care coordination functions
- Patient-friendly environment that accommodates special needs

