

## PCMH Program Milestones

Welcome to the practice transformation journey. Please use these milestones as a guide to help measure your ongoing progress. Please be advised all timeframes should be viewed as estimates and that the activities in each should be adjusted as necessary based on the needs of your practice.

Name of Practice					
Preparation Stage (2 weeks to 1 month)		Target dates	Date completed	Comments	Resources
	Initial presentation or video				
	PCMH survey tool purchased				
	Physician Champion(s) identified				
	Leadership team identified and engaged				
	Hold initial Planning meeting				
Milestones (Months 2 through 5)		Target dates	Date completed	Comments	Resources
Care Coordination Population Management	Determine current EMR/Patient Registry capabilities				
	Identify important chronic conditions and preventive services and methodology to identify high risk patients.				
	Identify initial set of targeted patients				

Milestones (Months 2 through 5)		Target dates	Date completed	Comments	Resources
	Develop plan/policy for engagement strategies with targeted patients (Include policy and documentation)				Example available
	Develop and implement plan for medication management and reconciliation.				
	Develop Community Resources List and policy for patient referrals				Example available
Staff engagement and education Team Building Team Assignments	Hold first champions meeting (PCMH leadership team and key practice staff). Establish regular meeting schedule.				
	Hold Kick-off meeting for practice staff				
	Staff training needs identified/roles defined.				Example available
Continuous Quality Improvement	Develop Quality Improvement team and plan. Document plan, share with all practice staff.				Example available
Enhanced Access	Evaluate patient demand for same day access			Related to NCQA Must Pass element	Example available

<b>Milestones (Months 2 through 5)</b>		<b>Target dates</b>	<b>Date completed</b>	<b>Comments</b>	<b>Resources</b>
	Establish goal for same day access				
	Write or revise policy related to appointment scheduling and same day access.				Example available
	Establish workflows for appointment scheduling and standing orders/evidence based guidelines to streamline care				
Patient information & engagement	Develop practice materials which include information on PCMH				Example available
<b>Milestones: (Months 6 – 8)</b>		<b>Target dates</b>	<b>Date completed</b>	<b>Comments</b>	<b>Resources</b>
Documentation for Recognition	Record Review Workbook (NCQA-Specific) test completed and gaps identified				
Continuous Quality Improvement	Quality Improvement projects identified and implemented.				Example available
	Complete initial assessment of QI activities				
	Add patients to QI committee meetings				Example available

Milestones: (Months 6 – 8)		Target dates	Date completed	Comments	Resources
Staff engagement Team-based Care Patient Engagement	Practice team training begun <ul style="list-style-type: none"> <li>• Care Coordination</li> <li>• Motivational Interviewing</li> <li>• Population Management</li> <li>• Literacy and/or Teach back</li> </ul>				
	Evaluate staff engagement in PCMH strategy.				
Enhanced Access	Provide day of call appointments. Develop policy and communicate to all practice staff (with sign-off).				Example available
	Patient empanelment (Policy and ability to demonstrate implementation)				Example available
	Begin transition to open scheduling, add evening and/or weekend access				Example available
Referral Tracking	Evaluate referral tracking system				
	Evaluate process for communications with patients				Example available
	Evaluate process for communication with specialists				Example available
Population Management	Identify and outreach to high risk patients				

<b>Milestones (Months 6-8)</b>		<b>Target dates</b>	<b>Date completed</b>	<b>Comments</b>	<b>Resources</b>
Care Coordination	Implement Team Huddles (Write Policy)				Example available
	Document Care plans				Example available
Care Coordination & patient engagement	Document self-management plans, goals and member engagement/follow-up				Example available
	Establish patient portal				
Continuous quality improvement	Implement patient experience survey				
<b>Milestones (Months 9-10)</b>		<b>Target dates</b>	<b>Date completed</b>	<b>Comments</b>	<b>Resources</b>
Prepare for Recognition	Ensure that all "Must –Pass" criteria have been met (NCQA Specific – see List)				
Referral tracking and follow-up	Establish and implement protocols for transition of care				Example available
Performance Measurement	Establish and implement a formal plan to measure effectiveness of care				Example available

Milestones (Months 9-10)		Target dates	Date completed	Comments	Resources
Performance measurement	Develop and implement waste reduction initiatives (i.e. reduce inappropriate use of ER and potentially preventable admissions)				
	Measure performance and share with leadership team and with all practice staff				
Continuous quality improvement	Evaluate opportunities for improvement and develop plan.				Example available
	Ensure documentation of all clinically important data				
Prepare for PCMH recognition	Access readiness; complete survey and file for PCMH recognition				