PCMH Transformation: Building on Change

After you've laid the foundation for your practice transformation, you're ready to tackle the core principles of the patient-centered medical home (PCMH) model. Work with your practice staff to create a plan around your practice's organization, quality care, and patient-centered care goals. Remember to work at your own pace—the practice transformation process takes time. Even incremental change will result in practice improvement.

CHECKLIST

Practice Culture

- ☐ Establish a PCMH transformation team and define your goals.
- ☐ Develop a project plan, lead practice change, and monitor progress.

Staffing: Team-Based Care

- ☐ Understand the basics of team-based care.
- ☐ Define team member roles and implement team-based care.

Integrated and Coordinated Care

- ☐ Create a team to oversee care transitions.
- ☐ Coordinate and monitor care transitions across the medical neighborhood.
- ☐ Use performance measures to evaluate and improve care transition processes.
- ☐ Build relationships with community resources.

Population Health Management

- ☐ Learn about population health management.
- ☐ Select and use patient registries for population health management.
- ☐ Implement planned care for chronic and preventive services.

Patient Access to Care

- ☐ Give patients the ability to schedule same-day appointments.
- ☐ Add extended-hours access to routine and urgent care.

Patient Self-Management

- ☐ Prepare to implement patient self-management support.
- ☐ Use and develop patient care and action plans.
- ☐ Consider home monitoring for chronic conditions.
- ☐ Use motivational interviewing to coach patients.

Implement this checklist with the help of step-by-step guides. Purchase the PCMH Planner at aafp.org/pcmhplanner.

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