Patient’s Medical Home

ACTION PLAN for your practice

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| Date: |  |
| Clinic Name |  |
| Clinic Manager |  |
| Clinic Physician Leader |  |
| Practice Facilitator Name |  |
| Phase of the Patient’s Medical Home Assessment this Action Plan is being developed for(circle one) | Phase 1 | Phase 2 |

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| Who is on the improvement team and what role will each of you fulfill? |
| Team Member Name | Improvement Team Role |
| *e.g.* John Smith | Notetaker; will circulate minutes to everyone in clinic |
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| Take a moment to discuss your expectations of the improvement team... |
| *e.g.* How often should you meet? What are your expectations of group members?  |
| *e.g.* all group members will have the opportunity to provide input; group members will be respectful of each other’s time by being prepared and on time for meetings. |

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| Communication Plan – How are you going to keep the entire clinic team involved and spread the improvements? |
| NOTE: may want to come back here after you’ve set your clinic priorities |
| *e.g*. to engage the greater clinic team, an improvement team member will gather feedback on relevant work to date at staff meetings; agendas and minutes will be circulated to the entire clinic and improvement team meetings will be open to everyone. |
| Setting Improvement Priorities |
| Take a moment to review your team’s Patient’s Medical Home Assessment consensus scores. Consider the following prompting questions:* Were there specific questions the team scored lower on than others?
* Is there a particular question that prompts you to think about an improvement the team would like to start on? An area you’re passionate about improving? Are you worried about an area of care delivery?
* A question that had a wide range of scores on the 12 point scale?

NOTE: the questions above are to help start a conversation. They are not comprehensive. The key is to use your team’s Patient’s Medical Home Assessment to identify areas for improvement. |
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| Our clinic’s prioritiesfor improvement |
| Have a facilitated discussion of the opportunities for moving forward. After hearing from each team member, list the teams improvement priorities – you may have more or less than 3... |
| *e.g.* *Develop processes for panel identification and maintenance in our clinic* |
| 1. |
| 2. |
| 3. |

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| Do your improvement priorities have connections to clinical gaps or areas of clinical interest? |
| Linking improvements to an area of clinical interest/need team buy in and value (*e.g.* screening care). |
| *e.g.* *With accurate panel lists, we can address gaps in clinical care, such as preventive screening* |

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| Clinic Priority Example |
| **Clinic Aim Statement** – *how are we going to improve?*A good aim statement is SMART - Specific, Measurable, Achievable, Relevant, Time limited | *e.g.* 100% of the physicians in our clinic have a process in place for panel identification and maintenance by September 1, 2021. |
| **Measures** – *how will we know if we’re successful?* | Using EMR, run weekly report of % of patients seen who had attachment confirmed at check-inWhen physicians review panel report monthly, % of patients who they agree belong on the list 🡪 e.g. # of patients who belong on panel/whole list |
| Outline the steps you will take as a team to achieve your aim | Who will be responsible for ensuring the step is achieved? Assign one person | What will you need to complete the step? (e.g. tools, resources, training, people or support from existing AHS/PCN/AMA/Community programs) | Potential barriers to success? | Timeframe (When will you accomplish the step by?) | Notes |
| 1. Meet with PCN to access support for panel (e.g. Team-based Panel Workshop, Panel Management Training)
 | Dr. Mathews (Clinic Lead)  | PCN contact information | Our PCN doesn’t offer specific panel support Wait time for support |  Feb 1, 2021 | Maureen (office manager) will connect Dr. Mathews with PCN |
| 1. Physicians and team participate in Panel Workshop
 | Maureen (office manager) | Time off from clinic to participateRegistration | Lack of motivation Lack of buy-in | Feb 25, 2021 | TOP and PCN offering training for clinics |
| 1. Clinic’s panel manager participates in Panel Management training
 | Susan (MOA - now .5 panel manager) | Time off from clinic to participateRegistration | Time and support to incorporate and learn new duties | Mar 1, 2021 |  |
| 1. Design and document our panel identification & maintenance processes
 | Anne (Improvement Facilitator from PCN) | Patient-free time to have a team meeting | Not agreeing on processNot assessing and adjusting processes, as needed | Mar 7, 2021 | Started process with Action Plan at Team Workshop |
| 1. Reception team is trained re. new process
 | Liz (lead receptionist) | Patient-free time for training Opportunity to give feedback on process | Time challengesLack of motivation Lack of buy-in | Mar 14, 2021 | Clinic will provide pizza lunch |
| 1. Reception team implements process, with regular review at team meetings to ‘fine-tune’
 | Liz (lead receptionist) | Opportunities for impromptu ‘huddles’ to make adjustments | Time challengesLack of motivation Lack of buy-in | Mar 15, 2021 | Add as regular item to clinic meeting agenda |
| 1. Panel manager runs weekly report of patient attachment confirmation and monthly panel reports for physicians
 | Susan (MOA - now .5 panel manager) | Carved out time to complete tasks | Time challengesSupport from clinic leaders | Apr 1, 2021 |  |

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| Clinic Priority # 1 |
| **Clinic Aim Statement** – *how are we going to improve?*A good aim statement is SMART - Specific, Measurable, Achievable, Relevant, Time limited |  |
| **Measures** – *how will you know if we’re successful?* |  |
| Outline the steps you will take as a team to achieve your aim | Who will be responsible for ensuring the Aim is achieved? Assign one person | What will you need to complete the step? (e.g. tools, resources, training, people or existing AHS/PCN/AMA/Community programs) | Potential barriers to success? | Timeframe (When will you accomplish the step by?) | Notes: |
| 1. |  |  |  |  |  |
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| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| Clinic Priority # 2 |
| **Clinic Aim Statement** – *how are we going to improve?*A good aim statement is SMART - Specific, Measurable, Achievable, Relevant, Time limited |  |
| **Measures** – *how will you know if we’re successful?* | **Measures** – *how will you know if you’re successful?* |
| Outline the steps you will take as a team to achieve your aim | Who will be responsible for ensuring the Aim is achieved? Assign one person | What will you need to complete the step? (e.g. tools, resources, training, people or existing AHS/PCN/AMA/Community programs) | Potential barriers to success? | Timeframe (When will you accomplish the step by?) | Notes: |
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| Clinic Priority # 3 |
| **Clinic Aim Statement** – *how are we going to improve?*A good aim statement is SMART - Specific, Measurable, Achievable, Relevant, Time limited |  |
| **Measures** – *how will you know if we’re successful?* |  |
| Outline the steps you will take as a team to achieve your Aim | Who will be responsible for ensuring the Aim is achieved? Assign one person | What will you need to complete the step? (e.g. tools, resources, training, people or support from existing AHS/PCN/AMA/Community programs) | Potential barriers to success? | Timeframe (When will you accomplish the step by?) | Notes: |
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| Major Improvement Milestones |
| In addition to the clinical priorities above, consider what your team’s milestones are related to the priorities you have identified. |
| *e.g.* Everyone in the clinic has received training. |
| How will you celebrate your milestones? How will you sustain the successes? How will you spread your processes?  |
| *e.g.* ‘Panel Kick-off’ Potluck; regular meetings with panel on agenda; white board in lunch room to show measurement results and highlight milestones  |

# Supplemental Resources

* Visit [actt.albertadoctors.org](https://actt.albertadoctors.org/Pages/default.aspx) to access all the resources and tools related to the Patient’s Medical Home Assessment