



VHA's Patient Centered Medical Home: 10 Things You Can Do Now

You've heard about the Patient Centered Medical Home. You're interested, excited, and a little apprehensive. You know that resources, training, and education are in the works, but you are anxious to begin. Here are some steps you can take now that will start you on your journey Home.

1. Read and learn about the Patient Centered Medical Home (PCMH)

There are lots of resources available online that will give you more in depth information about the PCMH. [The Patient Centered Primary Care Collaborative](#) site has lots of information and links to other useful sites. The [AAFP](#) and [ACP](#) also have websites with valuable articles and links to help you understand the Medical Home concept. And don't forget [Primary Care 2.0](#), VHA's PCMH site.

2. Review your ACP Medical Home Builder Practice Biopsy results

The survey that you took in October was designed to help you identify areas that need improvement regarding achievement of the Medical Home ideals. Analyze your scores and identify your strengths and weaknesses. Use the links and resources on the [Medical Home Builder site](#) to update your knowledge and get tips on how you can improve your practice.

3. Meet with key players at your facility

Begin to discuss how the Patient Centered Medical Home will impact your Primary Care practices. Meet with your facility leadership, review your PCMH readiness and talk about barriers you may foresee. Meet with leaders in Nursing, Pharmacy, MAS/HAS, and specialty services. And don't forget the front line staff in Primary Care. Make sure they understand what the PCMH is all about, and discuss any concerns they might have.

4. Meet with patients

It's their Home; they ought to be involved in building it! Consider setting up focus groups or patient advisory boards to get feedback and advice. Involve VSOs, families and caregivers. Find out what Veterans' concerns are and how they think you can improve the functioning of the clinic. Be sure to ask about things like clinic hours, parking, transportation, telephones, staff etiquette, or anything else they have on their minds. You may be surprised at what their priorities are!

5. Review and update your panel size, support staff and rooms data in PCMM

Go to the [VSSC PCMM data site](#) and make sure the data is accurate. Make sure you understand how the staff FTE and room data are calculated. Check to see if PCP and support staff FTE entered in PCMM accurately reflects their hours.

Meet with your PCMM coordinator and find out if there are any problems or issues with data or patient Primary Care assignments that need to be addressed.

6. Flow chart your clinic processes

Nothing helps you and your staff understand how work flows through the clinic like a flow chart. Having a good flow chart of a typical patient visit at your site will be useful in identifying bottlenecks and areas for improvement. Charting how you handle telephone calls, walk-ins, and admissions can help you get a handle on what areas you need to streamline.

7. Review telephone access

Speaking of phones, these are usually the biggest log jam in the clinic. Review your processes—who answers the calls, if/how they are triaged, who takes messages. If you have an automated answering cascade, listen to the message and make sure it is accurate and the links all work. Patients should be able to call their Primary Care team with a minimum of hassle. Make sure that patients have clear instructions on what to do if they call after clinic hours.

8. Review Service Agreements

Coordinating care for your patients is one of the most important aspects of the Patient Centered Medical Home. If your existing Service Agreements are not working smoothly, renegotiate them. If you do not have Service Agreements in place with essential specialties, develop them. Sit down face to face with the specialists and work out the issues that are problematic; it will save you aggravation later.

9. Review Clinical Reminders

Primary Care providers get lots of reminders. Make sure the active reminders are clinically necessary, and do what they are supposed to do. If they are not user-friendly, contact your CAC and see if improvements can be made. Not all reminders require intervention by the Primary Care Provider. Identify reminders that can be completed by nursing staff or other members of the team, and together work out a process so that they can do so.

10. Set up New Patient Orientation sessions

Many sites have found that inviting new patients in for a group visit to orient them to the VA and Primary Care is enormously helpful. When patients understand the system, they are better able to navigate and take responsibility for their own care. It helps them get acquainted with the staff and surroundings, and if they can meet the members of their team while they are there, they feel more comfortable when they visit again. Make sure they get a list of contacts so they know who to call when they have a question or problem.

There are many steps involved in implementing PCMH. Getting these ten things done now will help prepare you to transform your Primary Care practice into a Patient Centered Medical Home. Good luck!