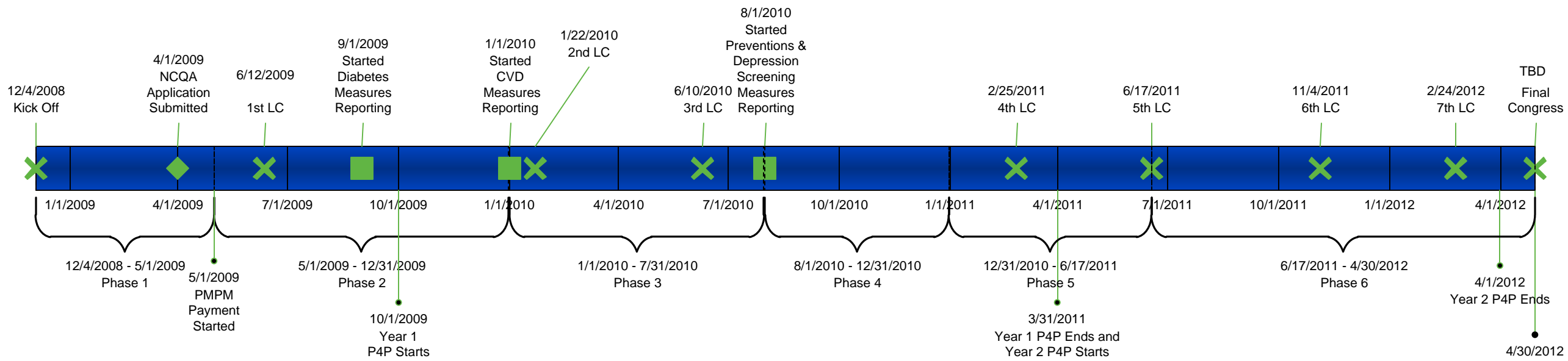


# Colorado Multi-Stakeholder, Multi-State Patient Centered Medical Home Pilot -- Technical Assistance Timeline



### Phase 1 (December 2008 – April 2009)

NCQA Recognition

### Phase 2 (May 2009 – December 2009)

#### **Review and Use Quality Improvement Tools and Models**

- Model for Improvement
- Chronic Care Model
- Patient Planned Care Model

#### **Use of Technology**

- Registry – Introduce Diabetes

#### **Patient Centered Care/ Communication/Engagement**

- Patient Self Efficacy and Individualized Assessment
- Patient Self-Management Support

#### **Decision Support/Team Based Care/Patient Tracking**

- Evidence Based Guidelines
- Introduce diabetes
- Team based Care

#### **Access and Scheduling**

- Implement various ways to increase access

#### **Organization of Practice**

- Leadership Team-building

### Phase 3 (December 2009 – July 2010)

#### **Use of Technology**

- Registry – Introduce Heart/Stroke
- Registry – Continue working on Diabetes

#### **Patient Centered Care/ Communication/Engagement**

- Patient Satisfaction/ Experience

#### **Decision Support/ Team Based Care/ Patient Tracking**

- Evidence Based Guidelines

#### **Care Management**

- Establish Medical Neighborhood

#### **Access and Scheduling**

- Implement various ways to increase access

### Phase 4 (July 2010 – December 2010)

#### **Use of Technology**

- Registry – Prevention Measures & Depression Screening
- E-Prescribing

#### **Decision Support/ Team Based Care/ Patient Tracking**

- Shared Decision Making
- Test and Referral Tracking

#### **Care Management**

- Coordination of Care/ Transition of Care with

#### **Medical Neighborhood**

- Community Resources

#### **Access and Scheduling**

- Implement various ways to increase access

### Phase 5 (December 2010 – June 2011)

#### **Maintain Phases 1 through 4**

### Phase 6 (June 2011 – April 2012)

#### **Use Key Drivers for Cost Measures**

- ER Visits
- Hospital Admissions and Discharge
- Generic Prescription
- Smart Referrals

### Ongoing Pilot Events and Reports

- ❖ Regular team meetings (at least 2 a month)
- ❖ Learning Sessions 1, 2, 3, 4, 5, 6, and 7
- ❖ Monthly practice calls on the 1<sup>st</sup> and 3<sup>rd</sup> Fridays of each month
- ❖ Monthly reporting of clinical measures and practice narratives